

**South Dakota Public Utilities Commission**

Form for additional locations beyond the application

**Individual Municipality/Location (Every applicant must complete this section)**

List each municipality or location at which applicant intends to buy or warehouse grain in this state. If the applicants' locations are located outside of this state list all locations where applicant conducts or accounts for the business of grain buying or grain warehousing for South Dakota. Locations listed below need to be listed on the bond and accounted for in the \$275 per location licensing fee.

1) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

2) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

3) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

4) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

5) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

6) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

7) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

8) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

9) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

10) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

11) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

12) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

13) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

14) City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_