APPLICATION FOR ROVING GRAIN BUYER'S LICENSE

PUBLIC SERVICE COMMISSION

SFN 52016 (Rev. 05-2001)

ANNUAL LICENSE PERIOD

EXPIRES JULY 31
FEE $200.00

NDCC 60-02.1

Individual or Firm Name	Fax Number	Telephone Number	
Mailing Address	City	State	Zip Code
Name of General Manager	Number of Haulers Requiring Certificate of License:		
Volume Estimate: How many bushels of grain do you expect to purchase or merchandise on behalf of its owners during your first year in operation?			

PARTNERS IF OPERATED BY A PARTNERSHIP

NAME	ADDRESS

NAMES & TITLES OF OFFICERS IF OPERATED BY A CORPORATION

TITLE	NAME	ADDRESS

STATE OF _____)
) SS
COUNTY OF_____)

_____ being duly sworn, says he/she is the owner or official named in the foregoing application for Roving Grain Buyer's License, and that the facts stated in the application are true to his/her own knowledge.

_____
Signature of Applicant

Sworn to before me this _____ day of _____, _____

(Seal)

_____
(Notary Public)

My commission expires _____