



APPLICATION FOR WAREHOUSE LICENSE
PUBLIC SERVICE COMMISSION
 SFN 9470 (01-2000)

ANNUAL LICENSE PERIOD

EXPIRES JULY 31

NDCC 60-02

Name of Firm		Telephone Number	
Firm's Mailing Address	City	State	Zip Code
Warehouse Mailing Address	City	State	Zip Code
Warehouse Location	Warehouse Capacity Including All Annexes and Additional Storage (BU):		
Telephone Number	Railroad	County	
Name of General Manager		Name of Station Manager	

PARTNERS IF OPERATED BY GENERAL OR LIMITED PARTNERSHIP - MANAGING PARTNERS IF OPERATED BY LIMITED LIABILITY PARTNERSHIP

NAME	ADDRESS

NAMES & TITLES OF OFFICERS IF OPERATED BY A CORPORATION - NAMES OF MANAGERS IF OPERATED BY A LIMITED LIABILITY COMPANY

TITLE	NAME	ADDRESS

Do you currently have any commercial weighing or measuring devices (scales used for buying and selling commodities) at your facility?

No Yes - Please list by manufacturer and capacity.

If you currently do not have any commercial weighing or measuring devices located at your facility, whose facility are you using?

Do your future plans include the installation of a device?

No Yes - When do you plan to begin construction?

This application for license to operate a public grain warehouse is submitted to the Public Service Commission by the undersigned.

STATE OF _____)
) SS
 COUNTY OF _____)

_____ being duly sworn, says he/she is the owner or official of the warehouse named in the foregoing application, 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 _____, _____