PLEASE VERIFY AND COMPLETE THE FOLLOWING INFORMATION. MAKE ANY NECESSARY CORRECTIONS. THE FORM MUST BE SIGNED, NOTARIZED AND RETURNED WITH THE LICENSE FEE TO:

WAREHOUSE DEPARTMENT

PHONE: (402)471-3101 FAX: (402)471-0254
NEBRASKA HOT LINE: 1-800-526-0017
WEBSITE: WWW.PSC.STATE.NE.US

APPLICATION FOR GRAIN DEALER LICENSE

LICENSE PERIOD:

LICENSE NUMBER: GD- TYPE OF BUSINESS:
FISCAL YEAR END:

1. APPLICANT:

2. SOCIAL SECURITY NUMBER:

3. MAILING ADDRESS:

4. TELEPHONE NUMBER: FAX NO.:

5. CORPORATE OFFICERS or PARTNERS/MEMBERS:

6. Primary Party: SSN:

7. TRUCK DESCRIPTION: (Add any additional to the ones listed)

MAKE	YEAR	SERIAL	MV PLATE NO.	LEASE/OWN	LESSOR NAME

8. The following fee should be attached to this application:

LICENSE FEE: $ 0.00
Trucks X $40.00 : $ 0.00
Total : $ 0.00

Under penalty of perjury, I declare that I am owner, partner, or corporate officer of the aforementioned applicant and authorized to sign on behalf of the applicant. I have examined this application and find that, to the best of my knowledge and belief, it is correct and complete.

BY: _____

TITLE: _____

STATE OF _____

COUNTY OF _____

Signed and sworn to before me this _____ day of _____, ____.

_____
(Notary's Signature)

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* ********** FOR NPSC USE ONLY ********** *
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* DEPOSIT: COMPUTER UPDATE: _____ BY: ____ *
*
*
* APPROVED BY; _____ DATE: _____ *
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