



APPLICATION FOR WHOLESALE POTATO DEALER'S LICENSE IN NORTH DAKOTA

NORTH DAKOTA STATE SEED DEPARTMENT
SFN 12124 (5-2018)

PO Box 5257
Fargo ND 58105
Phone: 701-231-5400
Fax: 701-231-5401

The undersigned hereby makes the following statement for the purpose of obtaining a license to conduct in North Dakota the business of a wholesale potato dealer, as defined in Section 4.1-57 North Dakota Century Code.

Give full name or exact trade name as preferred for listing

Name			
Address	City	State	ZIP Code
Telephone Number	E-mail Address		

If a co-partnership, give names of all individuals composing same:

Name			
Address	City	State	ZIP Code
Name			
Address	City	State	ZIP Code

If a corporation, give names of officers and directors

President			
Address	City	State	ZIP Code
Vice President			
Address	City	State	ZIP Code
Secretary			
Address	City	State	ZIP Code
Treasurer			
Address	City	State	ZIP Code
General Manager/Director			
Address	City	State	ZIP Code
Director			
Address	City	State	ZIP Code



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If a corporation,

State Incorporated	Date Incorporated
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Address of principal office

Address	City	State	ZIP Code
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Authorized capital	Capital subscribed for	Capital Paid in Cash
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Location of office handling North Dakota business

Address	City	State	ZIP Code
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Party in charge of North Dakota business

Name			
Address	City	State	ZIP Code

Estimated largest quantity of potatoes bought or handled in this state in any one month:

Hundred Weight (CWT)	Dollar Amount
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Total quantity of potatoes bought or handled in this state last year:

Hundred Weight (CWT)	Dollar Amount
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Statement of Applicant's assets and liabilities or enclosed financial statement as of

Date

Assets			Liabilities		
Cash on hand not deposited in bank			Capital Stock paid (if any)		
Cash deposited in banks (state names.)			Borrowed money (if none, write "none") Mortgages or other obligations due on Real Estate (if none, write none)		
Real Estate, consisting of:			Due on Stocks & Bonds (if none, write "None")		
In whose name is title to real estate?			Homestead Exemptions		
			Bills Payable (if none, write "None")		
Stocks & Bonds (market value)			Accounts Payable		
Merchandise on hand , in storage, rolling or otherwise (cash value)			Other liabilities, list in detail (if none, write "None")		
Bills Receivable					
Accounts Receivable					
Other Assets (describe in detail)					
TOTAL ASSETS			TOTAL LIABILITIES		

Is the applicant (or applicants) a surety or an endorser upon any bond, note or other obligation not included in the liabilities shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain

To what extent do you grow or contract growing potatoes?
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Are there any judgements against you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain



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Are you threatened with any lawsuits? Yes No

Is any suit, action or proceeding pending against applicant (or applicants) or either of any of them, which directly or indirectly relates to potatoes purchased or received on consignment by the applicant? Yes No

If yes, provide plaintiff's name and address and nature of such action:

Does applicant (or applicants) have similar license (covering potatoes or other produce) in any other states? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of State
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Has **any individual or party** to this application ever had a similar license (covering potatoes or other products) refused, canceled or suspended or revoked in any other state? Yes No

Name places and dates if any

Have you ever received or accepted any potatoes from North Dakota or elsewhere for which the seller or consignor has not been paid? Yes No

Name places, names and dates if any

Actual or approximate number of points in North Dakota where licensee will be operating a branch house and need duplicate license
(Make application for these, and list them individually on our form No. 41)

Are you familiar with provisions of the Dealer's Licensing Act (Chapter 4.1-57, North Dakota Century Code) and the Labeling and Inspection Requirements (Chapter 4-.1-55, North Dakota Century Code)? Yes No

Do you agree to conduct your business in accordance with the above named acts (in No. 22) and the official regulations in force thereunder? Yes No

References as to record, character and business standing of the applicant (or applicants)

Name	Business	City	State



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SIGN AND ACKNOWLEDGE ON NEXT PAGE

(Individual, Firm, or Corporation Name)
Dated at _____
this _____ day of _____, 20__

By _____
(Signature and Title of Individual Representing Applicant)
Each additional co-partnership member must

Corporate Seal
sign here:

Affix

Acknowledgment

State of _____
County of _____ }
On this _____ day of _____, 20__, before me personally appeared _____

to me personally known and known to me to be the individual described in and who executed the foregoing instrument, by me being duly sworn depose _____ and say _____ that _____ he ____ is a (are) member _____ or an officer as above designated with _____ signature _____, of the firm or corporation named in the foregoing application, and that all the statements made therein were reviewed by _____ and are true and correct in every respect to the best of _____ knowledge.

Subscribed and sworn before me this ___ day of _____, 20__.

Notary Public

Do not neglect to supply the \$200.00 license fee. The fee for duplicate licenses is \$1.00.

License No. _____
Application No. _____

APPLICATION FOR POTATO DEALER'S LICENSE

Date Application Received _____

Amount of Bond _____

Name of Surety _____

Bond Executed _____

Date Approved _____



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MEMORANDA