

PACA License Renewal Notice for Grocery Wholesalers and Retailers

Is all the information shown on the front of this form current and complete?

Yes

No

INSTRUCTIONS: If any of the information shown on the front of this form is NOT current or correct, report the changes or additions on the front or in the appropriate space below. If the license is NOT being renewed, explain your reasons under "REMARKS." This form must be signed, returned, and received by the anniversary date shown on the front of this form.

Return Completed License Renewal Application by fax or mail to:

USDA, PACA Branch, National License Center
8700 Centreville Road, Suite 202
Manassas, VA 20110-8411
Fax: (703)330-4555

Questions, Call (703)331-4570 or email PACASearch@usda.gov

Visit our website at www.ams.usda.gov/fv/paca.htm

FRUITS AND VEGETABLES HANDLED (Item 3 on front) <i>Circle One</i> Fresh Frozen Both	NATURE OF BUSINESS (Item 4 on front) <i>Circle the one that best represents the predominant style of your operations</i> Wholesaler Commission Merchant Broker Retailer Processor Trucker Food Service Grocery Wholesaler
LEGAL STRUCTURE OF BUSINESS (Item 5 on front) Has changed to: <i>Circle One</i> Sole Proprietor Corporation Association Trust Estate Limited Partnership Limited Liability Company Partnership	
DATE OF CHANGE	

CHANGES IN OWNERSHIP, PARTNERS, OFFICERS, DIRECTORS, MEMBERS and/or MANAGERS OF LLCs AND STOCKHOLDERS *Please update all information requested*

Changes Add	Delete	Date of Change	LEGAL NAME <i>Last, First, Middle Initial</i>	Social Security Number	FULL HOME ADDRESS <i>Street, City, State, Zip Code</i>	Title (Including Director)	% of Stock

Main Business Phone Number	Fax Number	E-Mail Address	Federal Employer Identification Number

Changes Add	Delete	Date of Change	Trade Name (dba) or Branch	Branch Locations City and State	Signature and Title of Owner, Partner, Member/Manager (LLC) or Officer completing the PACA License Renewal
					_____ Signature
					_____ Title
					_____ Date

REMARKS

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0031. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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