

WA-220 (11-01-04)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. CHECK ONE ORIGINAL <input type="checkbox"/> SUBSEQUENT <input type="checkbox"/> AMENDMENT <input type="checkbox"/>
EXAMINATION REPORT		

2. LICENSE AND CODE	3. AMENDMENT	4. DATE OF LICENSE <i>(MM-DD-YYYY)</i>	5. CAPACITY	6. LICENSE POSTED	Examiner's Check
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7. NAME OF WAREHOUSE OPERATOR	11. MAILING ADDRESS OF HEADQUARTERS OFFICE <i>(Zip code)</i> <i>(Include street address for express delivery)</i>
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8. NAME OF WAREHOUSE	12. LOCATION OF WAREHOUSE <i>(City, County, Parish and State)</i>
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9. MAILING ADDRESS OF WAREHOUSE <i>(Including Zip Code)</i>	13A. TELEPHONE NO. <i>(Include Area Code)</i>	13B. FAX NO. <i>(Include Area Code)</i>
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10. PRINCIPAL PLACE OF BUSINESS	13C. EMAIL ADDRESS <i>(If Applicable)</i>
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14. INDIVIDUAL IN CHARGE (HOME ADDRESS AND HOME TELEPHONE NUMBER <i>(Include Area code)</i>)

15. TYPE OF BUSINESS ENTITY			
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Individual <input type="checkbox"/>	LLC <input type="checkbox"/>

16. CORPORATION

A. CHARTER EXPIRES <i>(Date MM-DD-YYYY)</i>	B. FOREIGN CORPORATION PERMIT ISSUED BY State of	C. PERMIT EXPIRES <i>(Date MM-DD-YYYY)</i>
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17. PARTNERSHIP <i>(List names below if not shown above)</i>	A. TYPE OF PARTNERSHIP <i>(General, limited, etc.)</i>
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B.	C.	D.	
E.	F.	G.	

18. INDIVIDUAL

A. NAME	B. HOME ADDRESS AND TELEPHONE NUMBER <i>(Include Area Code)</i>
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19. LIMITED LIABILITY COMPANY

A. OPERATING AGREEMENT <input type="checkbox"/>	B. ARTICLES OF ORGANIZATION <input type="checkbox"/>
C. AUTHORIZED TITLES FOR SIGNATURES <i>(If applicable)</i>	D. AUTHORIZED BY Operating Agreement <input type="checkbox"/> Articles of Organization <input type="checkbox"/>

20. NAMES OF INDIVIDUALS AUTHORIZED TO SIGN WAREHOUSE RECEIPTS

A _____	B _____	C _____

21. NAME OF ELECTRONIC WAREHOUSE RECEIPT PROVIDER	22A. DOES WAREHOUSE OPERATOR BLOCK PILE? <i>(If "YES", Go To Item22B).</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	22B. IS WAREHOUSE OPERATOR AUTHORIZED TO BLOCK PILE? <i>(If "NO" Issue WA-125)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
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23. OUTSTANDING LICENSES ISSUED TO SAMPLERS AND WEIGHERS (Federally Licensed Houses Only)				Examiner's Check
A. NAME OF LICENSEE	B. SERVICE PERFORMED	C. LICENSE NO.	D. WHERE POSTED	
24. STATE OTHER RELATED BUSINESS INTERESTS OF WAREHOUSE OPERATOR OR KEY PERSONNEL				
25. GIVE NAMES AND LOCATIONS OF OTHER WAREHOUSES OPERATED BY WAREHOUSE OPERATOR NOT COVERED BY THIS LICENSE AND CODE IN THE SAME TOWN				
26. STATE OPERATIONAL HOURS THAT THE WAREHOUSE IS OPEN EACH DAY - IF WAREHOUSE IS NOT TO BE OPEN EACH BUSINESS DAY, WHAT PROVISIONS HAVE BEEN MADE TO RECEIVE AND DELIVER COTTON?				
27. DOES WAREHOUSE OPERATOR HAVE ANY TYPE OF AGREEMENT WITH A FIELD WAREHOUSE COMPANY? IF "YES", HAS THIS BEEN CLEARED WITH USDA? IF "NO", FURNISH A COPY TO KCCO EXAMINER.				
YES <input type="checkbox"/> NO <input type="checkbox"/>				
28. DOES WAREHOUSE OPERATOR ISSUE OPEN YARD OR EMERGENCY YARD RECEIPTS?		29. TOTAL OPEN YARD CAPACITY		
YES <input type="checkbox"/> NO <input type="checkbox"/>				
30A. EXAMINER'S INITIALS		30B. DATE (MM-DD-YYYY)		

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995; as amended. The authority for requesting the following information is 7 CFR Parts 735 and 1427.1081. Furnishing the requested information is voluntary; and no penalty will be imposed for failure to respond. However, a response is required in order to be considered for a warehouse license (7 U.S.C. 242) and the decision as to the applicant's eligibility for a license must be made in part on the basis of the information provided. This information will not be disclosed outside of the U.S. Department of Agriculture except as required by law to the Department of Justice and the Department of the Treasury. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 641, 651, 1001; 15 U.S.C. 714m; and 31 U.S.C. 3729, may be applicable to the information provided.

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 0560-0120. The time required to complete this information collection is estimated 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION, P.O. Box 419205, Kansas City, MO 64141-6205.**