## PACA LICENSE REINSTATEMENT NOTICE

SDA Agricultural Marketing Service

## (barcode)

License Number

Anniversary Date

Your license issued under the Perishable Agricultural Commodities Act expired on the anniversary date listed above as the annual fees were not paid. The license may be reinstated by paying the annual fee plus a \$50 reinstatement fee within 30 days of the anniversary date.

Questions?	Contact	the	National	License	Center	at	1-800-4	495-72	222 0	or	emai	il		
Bus:	eganistasaa.		Renewal License Fees Annual License Fee: \$XXX.XX Branch Fees: \$ Reinstatement Fees: \$ <b>TOTAL FEES DUE \$</b> <b>THIS IS A BILL.</b> FOR PAYMENT INSTRUCTIONS, REFER TO THE											
										10 11 1	1010	·		
Phone:		Fax:		E	Website:									
EIN:State of In				orporation	<u>or Forma</u>	Date of Incorporation or Formation:								
Type of Business: Natu			Nature	of Busines	Own	ership	o Type:	No. of						
Branches:														
PRINCIPALS – Owner, Partners, Officers, Directors, Members and/or Managers and stockholders														
Name (Last-First- Middle Initial)				Home Address					Title			% of Stock		
Please ensure :	that the inform	nation sh		ic complete 2	nd correct	To make o	hanges	or add	itions fo	llow th	he insi	tructions shown on		
Please ensure that the information shown above is complete and correct. To make changes or additions, follow the instructions shown on the back of this invoice. Operations without a license can result in an injunction plus civil penalty of \$1200 for each offense plus \$350 for each day the offense continues. Notice to Customers Making Payment by Check: As part of a Department of Treasury initiative, if you pay your account by check, it will be converted into an electronic funds transfer (EFT). This means the bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours and will be shown on your regular bank account statement. You will not receive your original check back. The bank will destroy your original check but will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, the bank may try to make the transfer up to 2 times at which point your account will be subject to additional administrative charges.														

## **PACA License Reinstatement Notice**

OMB Approved 0581-0031

ap	propria	ate space be	low. If the	e license is NO	wn on the front of this T being renewed, exp the front of this form.	plain your ı	reasons u	inder "REMAR	KS." T	his form m	nust be si	gned, I	returned	d with tota	l fees, a				
Return Completed License Reinstatement Notice and appropriate fees by mail								nail to:				C	redit C	ard					
USDA, PACA Division								Typ	Type of Card: Visa Mastercard Discover										
P.O Box 790327							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.01			ш.	naotor			00101				
	St	Louis, MO	63179-03	327					American Express										
If paying by credit card, submit by fax to (703) 330-4555							Acc	Account Number:											
Questions, Call (703) 331-4570 or email PACALicense@usda.gov							Exp	Exp Date:/ Amount:											
١	/isit ou	ır website a	t <u>www.ar</u>	<u>ms.usda.gov/</u> p	<u>baca</u>			Car	Card Holder's Name:										
FRU	TS AN	ID VEGETAI	BLES HA	NDLED	NATURE OF BUSI	NESS		•											
(Item 3 on front) Circle One (Item 4 on front) Circle the one that b									t represents the predominant nature of your operations										
Fresh Frozen Both Wholesaler Commission Merchant Broker Retailer Processor Trucker Food Service Grocery Wh										'holesaler									
UNDER "LEGAL STRUCTURE OF BUSINESS" (Item 5 on front) Has changed to: Circle One DATE OF CHANGE												CHANGE							
Sole Proprietor Corporation Limited Liability Company Partnership Limited Partnership Limited Liability Partnership Association Trust Estate																			
CHA	NGES	IN OWNER	SHIP, PA	RTNERS, OFF	ICERS, DIRECTORS	s, MEMBE	RS and/o	or MANAGERS	OF LL	Cs AND	ѕтоскн	OLDE	RS Ple	ase upda	te all inf	ormation i	requested		
	Changes Date of LEGAL NAME					EIN								Title (Including % of					
Add	Delete	Change	Last, First, Middle Initial							Stree	et, City, St	tate, Z		Director) Stock					
			+																
Main Business Phone Number Fax Number				r E-Mail Address										Federal Employer Identification Number					
Changes Date of Trade Name (dba) or						Br	ranch Locations Signature and Title of Owner, Partner, Member/Manager (LI								ager (LLC)	or Officer			
			Branch	City and State			completing the PACA License Reinstatement Notice.												
								- <b>,</b>											
													S	ignature					
											Ti	tle				Date			
REMARKS								Note: The following	te: The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995. The										
									uthority for requesting this information to be supplied on this form is the Perishable Agricultural Commodities Act, 1930, as amended, (7 U.S.C.										
								499t) (499c, 499d). Fu	99t) (499c, 499d). Furnishing the requested information is necessary for the administration of the Perishable Agricultural Commodities Act program.										
								of information unless	cording 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 information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0031. The time										
									uired to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching sting data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.										
								The U.S. Departmen	<b>U.S. Department of Agriculture (USDA)</b> prohibits discrimination in all its programs and activities on the basis of race, color, national origin, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political										
								beliefs, reprisal, or be	is, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to										
								etc.) should contact U	rograms.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA,										
									tor, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or 720-6382 (TDD). USDA is an equal opportunity provider and employer.										