



(barcode)

# PACA LICENSE REINSTATEMENT NOTICE

License Number	Anniversary Date
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Your license issued under the Perishable Agricultural Commodities Act expired on the anniversary date listed above. The license may be reinstated by paying a \$50 reinstatement fee within 30 days of the anniversary date.

**Questions? Contact the National License Center at 1-800-495-7222 or email [PACALicense@ams.usda.gov](mailto:PACALicense@ams.usda.gov).**

Bus:	<p><b>THIS IS A BILL.</b></p> <p><b>TOTAL REINSTATEMENT FEES DUE: \$50.00</b></p> <p>FOR PAYMENT INSTRUCTIONS, REFER TO THE BACK OF THIS INVOICE.</p>
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Phone:	Fax:	Email:	Website:
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EIN:	State of Incorporation or Formation:	Date of Incorporation or Formation:
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Type of Business:	Nature of Business:	Ownership Type:	No. of Branches:
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**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 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 for Grocery Wholesalers and Retailers**

OMB Approved 0581-0031

**INSTRUCTIONS:** Is all the information shown on the front of this form current and complete?  Yes  No If "No", 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 with total fees, and received within 30 days from the anniversary date shown on the front of this form. Make checks payable to "USDA-PACA." Please include the license number on the check.

<p><b>Return Completed License Reinstatement Notice and appropriate fees by mail to:</b>                  USDA, PACA Branch                  P.O Box 790327                  St Louis, MO 63179-0327</p> <p><b><u>If paying by credit card, submit by fax to (703) 330-4555</u></b>                  Questions, Call (703)331-4570 or email <a href="mailto:PACALicense@ams.usda.gov">PACALicense@ams.usda.gov</a>                  Visit our website at <a href="http://www.ams.usda.gov/paca">www.ams.usda.gov/paca</a></p>	<p align="center"><b>Credit Card</b></p> <p>Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover  <input type="checkbox"/> American Express</p> <p>Account Number: _____</p> <p>Exp Date: ____/____ Amount: _____</p> <p>Card Holder's Name: _____</p>
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<p><b>FRUITS AND VEGETABLES HANDLED</b>                  (Item 3 on front) <i>Circle One</i></p> <p>Fresh    Frozen    Both</p>	<p><b>NATURE OF BUSINESS</b>                  (Item 4 on front) <i>Circle the one that best represents the predominant nature of your operations</i></p> <p>Wholesaler    Commission Merchant    Broker    Retailer    Processor    Trucker    Food Service    Grocery Wholesaler</p>
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<p><b>UNDER "LEGAL STRUCTURE OF BUSINESS"</b> (Item 5 on front) Has changed to: <i>Circle One</i></p> <p>Sole Proprietor    Corporation    Limited Liability Company    Partnership    Limited Partnership    Limited Liability Partnership    Association    Trust    Estate</p>	<p><b>DATE OF CHANGE</b></p>
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**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 Reinstatement Notice.
					_____ _____ Signature
					Title _____ Date _____

<p><b>REMARKS</b></p>	<p><b>Note:</b> 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 authority for requesting this information to be supplied on this form is the Perishable Agricultural Commodities Act, 1930, as amended, (7 U.S.C. 499a-499t) (499c, 499d). Furnishing the requested information is necessary for the administration of the Perishable Agricultural Commodities Act program. <b>According to the Paperwork Reduction Act of 1995</b>, 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. <b>The U.S. Department of Agriculture (USDA)</b> prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6202 (TDD). USDA is an equal opportunity provider and employer.</p>
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