



# PACA LICENSE RENEWAL APPLICATION

License Number	Anniversary Date
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**(Barcode)**

You are currently licensed under the Perishable Agricultural Commodities Act as described below. This license expires on the anniversary date listed above. In order to renew the license for another year, please follow the instructions on the back of this invoice and return the invoice with annual renewal fees by the anniversary date.

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

**Renewal License Fees**

Annual License Fee: \$

Branch Fees: \$ \_\_\_\_\_

**TOTAL FEES DUE \$**

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**THIS IS A BILL.**

**FOR PAYMENT INSTRUCTIONS, REFER TO THE BACK OF THIS INVOICE.**

Phone	Fax	Email	Website
EIN		State of Incorporation or Formation	Date of Incorporation or Formation
Type of Business	Nature of Business	Ownership Type	No. of Branches
<b>PRINCIPALS – Owner, Partners, Officers, Directors, Members and/or Managers and stockholders</b>			
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 \$1800 for each offense plus \$449 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 Renewal Notice

PACA License Number \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**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 annual renewal fees, and received by the anniversary date shown on the front of this form. Make checks payable to "USDA - PACA." Please include the license number being renewed on the check.

<b>Return Completed License Renewal Application and appropriate fees by mail to:</b> USDA, PACA Division P.O Box 790327 St Louis, MO 63179-0327		<b>Credit Card</b>		
<b>If paying by credit card, submit renewal by fax to (202) 260-8575</b> <b>or email <a href="mailto:PACALicense@usda.gov">PACALicense@usda.gov</a></b> Visit our website at <a href="http://www.ams.usda.gov/paca">www.ams.usda.gov/paca</a>		Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
		Account Number: _____		
		Exp Date: ____/____/____ Amount: _____		
		Card Holder's Name: _____		
<b>FRUITS AND VEGETABLES HANDLED</b> (Item 3 on front) <i>Check One</i> Fresh Frozen Both	<b>NATURE OF BUSINESS</b> (Item 4 on front) <i>Check the one that best represents the predominant nature of your operations</i> Wholesaler Commission Merchant Broker Retailer Processor Trucker Food Service Grocery Wholesaler Grower Growers Agent Shipper			
<b>UNDER "LEGAL STRUCTURE OF BUSINESS"</b> (Item 5 on front) Has changed to: <i>Check One</i>				<b>DATE OF CHANGE</b>
Sole Proprietor Corporation Limited Liability Company Partnership Limited Partnership Limited Liability Partnership Association Trust Estate				

**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>	EIN	FULL HOME ADDRESS <i>Street, City, State, Zip Code</i>	Title (Including Director)	% of Stock

<b>Main Business Phone Number</b>	<b>Fax Number</b>	<b>E-Mail Address</b>	<b>Federal Employer Identification Number</b>

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 _____

<b>REMARKS</b>	<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 of 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.</p> <p><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.</p> <p><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) 720-6382 (TDD). USDA is an equal opportunity provider and employer.</p>
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