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CCC-28-1 (04-19-19)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		LEAVE BLANK CCC USE ONLY	
APPLICATION FOR APPROVAL OF WAREHOUSE Sugar Storage Agreement (SSA)				1. Approved Date (MM-DD-YYYY)	
				2. Agreement Number	
				3. Warehouse Code Number	
				4. Master Code Number	
<p>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1423, 7 CFR Part 1435, and the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.). The information will be used to apply for a Sugar Storage Agreement to store CCC owned and loan sugar. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in the inability to apply for a Sugar Storage Agreement to store CCC owned and loan sugar.</p> <p>The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 1 hour 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>The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO: warehousing@usda.gov or THE WAREHOUSE AND COMMODITY MANAGEMENT DIVISION, Beacon Facility, PO BOX 419205 STOP 9148, KANSAS CITY, MO 64141-6205.</p>					
<p>The undersigned hereby applies for a Sugar Storage Agreement in order to be eligible to store sugar on behalf of CCC or requests amendment to the current application on file.</p>					
5. Legal Name of Entity			6. Warehouse Location(s) (Town, County, State)		
7A. Name of Warehouse Manager or Superintendent		7B. Telephone Number (Include Area Code)		7C. Fax Number (Include Area Code)	
8A. Type of Warehouse License:		8B. License Number	9. Type of Operating Entity:		
<input type="checkbox"/> Not licensed <input type="checkbox"/> State <input type="checkbox"/> U.S. Warehouse Act			<input type="checkbox"/> Corporation/Cooperative <input type="checkbox"/> Individual/ Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Other <input type="checkbox"/> Limited Partnership/LLC (Specify): _____		
10A. Contact Mailing Address (Include Zip Code)			10B. Contact Person for CCC :		
			10C. Telephone Number (Include Area Code):		
			10D. Fax Number (Include Area Code):		
			10E. E-mail:		
11. Mailing Address for Loading Orders and Periodic Invoices			12A. Payee Disbursement Mailing Address (Include Zip Code)		
			12B. Telephone Number (Include Area Code):		
			12C. Fax Number (Include Area Code):		
13. Name, Title, and Address of (Include Zip Code):					
<ul style="list-style-type: none"> • Officers, if a Corporation or Cooperative • Partners, if a Partnership • Individual, if a Proprietorship • All members of LLC, if a LLC 					
13A. NAME		13B. TITLE		13C. ADDRESS	

14. Total Handling Capacity Combining all Locations Per Normal Workday (Report Weight in Hundredweight (Cwt.)):					
A. TYPE OF CONVEYANCE	B. UNLOAD (cwt)			C. LOAD OUT (cwt)	
Railroad Car					
Truck					
Barge					
Vessel					
15. Indicate Maximum Number of Rail Cars You are Willing to Handle in a 24-hour Workday on a Multiple-Car Basis for CCC by Location:					
A. LOCATION	B. RECEIVE	C. LOAD OUT	A. LOCATION	B. RECEIVE	C. LOAD OUT
16. CERTIFICATION					
<i>The applicant certifies that all statements made herein are true and correct and that the applicant will operate in accordance with the terms and provisions of the SSA. Form must be signed by an authorized individual, i.e., corporate officer, partner or proprietor. Manager cannot sign unless authorized by a resolution of the Board of Directors or Power of Attorney furnished by a partner or proprietor.</i>					
16A. Legal Name of Entity					
16B. By		16C. Title		16D. Date (MM-DD-YYYY)	

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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