

<b>CCC-49</b> (04-19-19) <b>U.S. DEPARTMENT OF AGRICULTURE</b> <b>Commodity Credit Corporation</b>  <b>APPLICATION FOR APPROVAL OF WAREHOUSE FOR</b> <b>COTTON STORAGE AGREEMENT (CSA)</b>		<b>LEAVE BLANK – CCC USE ONLY</b> 1. Warehouse Code No.      2. Master Code No.	
3. Name and Location of Warehouse Exactly as Printed and/or Shown on Warehouse Receipts		4. Mailing Address of Warehouse (Including Zip Code)	
5. County in Which Warehouse is Located		6. Name of Warehouse Operator (Individual(s) or entity name)	
7A. Name of Manager or Superintendent of Warehouse		8. Warehouse Telephone Number (Including Area Code)	9. Warehouse Fax Number (Including Area Code)
7B. E-Mail Address:			
<b>10. IS/DOES WAREHOUSE:</b>		<b>11. WAREHOUSE IS OPERATED BY:</b>	
	<b>YES</b>	<b>NO</b>	<b>CHECK</b>
A. Licensed under United States Warehouse Act?			A. Individual
B. Licensed by the State?			B. Partnership
C. Operate gin and/or compress facilities?			C. Corporation or Cooperative:
D. Storage Capacity (Approved)			D. Limited Liability Company (LLC)
			E. Other (Specify:)
12. If warehouse is operated by a corporation or cooperative association, give the names of all officers. If a corporation, also give the names of all principal stockholders.			
<b>Officers</b>		<b>Shares Held</b>	<b>Other</b>
A. President, Member, or Individual			F. Principal Stockholder(s):
B. Vice-President or Member			
C. Secretary or Member			
D. Treasurer or Member			
E. General Manager, Member or Like Officer			
13. If a Partnership, give Names of Partners		14. Is it a Limited Partnership? (If "YES," attach statement signed by all partners explaining limitations.)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Warehouse Operator's Identification of Each Warehouse Unit, its Location and Capacity (Attach schedule if necessary)			
<b>A. Unit Identity</b>	<b>B. Street Address and City, if Different Than Item 3</b>		<b>C. Capacity (Bales)</b>
<b>D. TOTAL:</b>			

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16A. Are All Warehouse Units Owned?	YES	NO	16B. If Any Units are Leased Give: <i>(Attach schedule if necessary).</i>		
			Unit Identity	Name of Lessor	Date (MM-DD-YYYY) Lease Expires
16C. Has Warehouse Operator a Renewal Option on Leased Unit(s)?					
17. Is Any Section or Unit of Warehouse Located on Railroad Siding Serviceable for Placement of Cars? <i>(If "YES," complete Item 18.)</i>					
18. Name of Railroad:					
19A. Is a Local, State, or Federal Felony Court Case Pending Against the Warehouse Operator or Responsible Official or Employee of the Warehouse? <input type="checkbox"/> YES <input type="checkbox"/> NO		19B. If "YES," Briefly Explain Nature of Case.			
20. Name of Applicant's Cotton Fire Insurance Underwriter			21. Does Applicant have Insurance on Cotton Commonly Known as Inland Marine All Risk Insurance?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
22. The applicant agrees:					
- to attach to each bale of cotton a standard cotton bale tag with a printed tag number corresponding to the warehouse receipt numbers and bar coded;					
- receipts and bale tags shall not bear prefixes or suffixes:					
- receipts, either paper or electronic, and bale tags shall not bear numbers which are identical to outstanding warehouse receipts;					
- block receipts shall have a list of the gin bale tag numbers, representing the individual bales, attached;					
- to provide a copy of the electronic warehouse receipt profile to CCC, if requested.					
23. The warehouse must be open for business ( <i>receiving, delivery, and settlement</i> ) every normal business day for a period not less than six hours between 8 a.m. and 6 p.m. Business hours must be posted at the public entrance. In case the warehouse cannot be kept open as required, the name and telephone number of the person authorized to receive and deliver cotton must be posted at the public entrance.					
24. During a normal 40 hour workweek the applicant can: <i>(The warehouse operator agrees to load out the warehouse's approved capacity at the rate of 4.5 percent per week.)</i>					Number of Bales
A. Receive and place in storage <i>(including all services incidental thereto)</i>					
B. Pick out, load, and ship					
25. Other:					
<b>26. 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 CSA. This form must be signed by an authorized individual, i.e., corporate officer, partner or proprietor. A manager of a business cannot sign unless authorized by: a resolution of corporation's board of directors; or a power of attorney furnished by an owner of the business.</b>					
27A. Name of Warehouse Operator <i>(Legal entity name as shown in Item 6.)</i>					
27B. BY: <i>(Signature)</i>			27C. Title		27D. Date (MM-DD-YYYY)
<p>Note:</p> <p><i>The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1423, 7 CFR Part 1427, and the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.). The information will be used by a warehouse operator to apply for a Cotton Storage Agreement to store cotton owned by CCC or cotton pledged as security to CCC for marketing assistance loans. 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 described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-3, Consultants File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to obtain a Cotton Storage Agreement to store cotton owned by CCC or cotton pledged as security to CCC for marketing assistance loans.</i></p> <p><i>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.</i></p> <p><i>The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO: <a href="mailto:warehousing@usda.gov">warehousing@usda.gov</a> or THE WAREHOUSE AND COMMODITY MANAGEMENT DIVISION, Beacon Facility, PO BOX 419205 STOP 9148, KANSAS CITY, MO 64141-6205.</i></p>					