

**IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP
GRAIN WAREHOUSE BUREAU
DISCLOSURE OF COMPANY OWNERSHIP, CONTROL AND MANAGEMENT**

LICENSEE NAME: _____ **License Nos.**
LICENSEE ADDRESS: _____ **GD:** _____
_____ **W:** _____

Any person who owns or controls this company shall be disclosed below:
Include branch managers and grain division heads.

Name: _____	Address: _____
Title or brief description of position: _____ _____	
Other employment in last three years: _____ _____ _____	

Name: _____	Address: _____
Title or brief description of position: _____ _____	
Other employment in last three years: _____ _____ _____	

Name: _____	Address: _____
Title or brief description of position: _____ _____	
Other employment in last three years: _____ _____ _____	

I certify that the business identified on this form is not owned or controlled by any person who:
(1) has had a license under chapter 203 or 203C of the Code of Iowa revoked for cause within the past three years; or (2) has caused liability to the Iowa Grain Depositors and Sellers Indemnity Fund.

Authorized Signature of owner/officer/manager Title Date

Name: _____ Address: _____
Title or brief description of position: _____

Other employment in last three years:

Name: _____ Address: _____
Title or brief description of position: _____

Other employment in last three years:

Name: _____ Address: _____
Title or brief description of position: _____

Other employment in last three years:

Name: _____ Address: _____
Title or brief description of position: _____

Other employment in last three years:

