This form is available electron										
CCC-49	U.S. DEPARTMENT OF A	LEAVE	EAVE BLANK - CCC USE ONLY							
(09-25-03)	Commodity Credit Co	1. WAREHOUS	HOUSE CODE NO. 2. MASTER CODE NO.							
APPLICATION FO	FOR COTTON									
\$	STORAGE AGREEN	MENT (C	CSA)							
See Page 2 for Privacy Act	and Public Burden Staten	nents.		T			L			
 NAME AND LOCATION OF WAREHOUSE RE 		N I ED AND	OR	4. MAILING ADDRESS OF	WAREHOUSE (Including ZIP Co	ode)			
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				O WARFLIGHER TELEPHONE NUMBER TO WARFLIGHER FAY NUMBER						
				8. WAREHOUSE TELEPHONE NUMBER 9. WAREHOUSE FAX NUMBER (Including area code) (Including area code)						
7B. E-MAIL ADDRESS:		1	T							
10. IS/DOES WAREHOUSE:		YES	NO	11. WAREHOUSE IS O	PERATED BY	:			CHECK	
A. Licensed under United States	warenouse Act?			A. Individual						
B. Licensed by the State?	f:!!!#!0			B. Partnership	ive					
C. Operate gin and or compress tD. Storage Capacity (<i>Licensed</i>)	racilities?			C. Corporation or Cooperat						
D. Storage Capacity (Licenseu)				D. Limited Liability Company (LLC) E. Other (Specify:)						
12. If warehouse is operated by a	corporation or aconorative acco	olotion dive	the nemer	` ' ' ' '	also sive the n	amon of all pring	inal ataaki	oldoro		
12. If waterlouse is operated by a	Corporation of cooperative asso	Ciation, give	the names	Tot all officers. If a corporation	i, also give the h	arries or all princ	ipai stocki	iolueis.		
	FICERS	SHA	RES HELD		OTHER			SHARES HELD		
A. PRESIDENT, Member, or Indiv	viduai			F. PRINCIPAL STOCK		KHOLDER(S):				
B. VICE-PRESIDENT or Member										
C. SECRETARY or Member										
D. TREASURER or Member										
E. GENERAL MANAGER, Membe	er or Like Officer									
13. IF A PARTNERSHIP, GIVE N	IAMES OF PARTNERS				114 1	S IT A LIMITED	DARTNE	SHID2 /	If VES	
10. II ATAKTNEKOIII, OIVEN		á	nttach statement	signed by						
	6	explaining limitations.)								
						YES		NO		
15. Warehouse Operator's Identif	ication of Each Warehouse Unit,	, its Locatior	and Capa	city (Attach schedule if necess	ary).					
A. UNIT IDENTITY	B. STREET AD	DRESS AN	D CITY, IF I	DIFFERENT THAN ITEM 3		C. CAPA	CITY (Ba	les)		
	1									

D. TOTAL:

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		NO	16B.	IF ANY UNITS ARE LEASED GIVE: (Attach schedule if necessary).				
16A. ARE ALL WAREHOUSE UNITS OWNED?			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? (If "YES", complete Item 18.)								
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?		IF "YES	S", BRIEFLY EXPL	AIN NATURE OF CASE.				
YES NO								
20. NAME OF APPLICANT'S COTTON FIRE INSURANCE UNDERWRITER				21. DOES APPLICANT HAVE INSURANCE ON COTTON COMMONLY KNOWN AS INLAND MARINE ALL RISK INSURANCE?				
				YES	NO			
The applicant agrees: to attach to each bale of cotton a standard cotto receipts and bale tags shall not bear prefixes or receipts, either paper or electronic, and bale tag block receipts shall have a list of the gin bale tag to provide a copy of the electronic warehouse re IS THE WAREHOUSE OPEN FOR BUSINESS 5 DAYS A	suffixes s shall g numbe eceipt p	s; not be ers, re rofile to	ar numbers whice presenting the ire of CCC, if reques	h are identical to outstanding wareho dividual bales, attached; ted.	ouse receipts;			
YES NO (If "no", applicant agrees to place of	conspicu	ious sig	n stating location a	it which a responsible representative of wa	arehouse can be reached.)			
24. DURING A NORMAL 40 HOUR WORKWEEK THE APPL approved capacity at the rate of 4.5 percent per week.)	ICANT (CAN: (T	The warehouse ope	erator agrees to load out the warehouse's	NUMBER OF BALES			
A. Receive and place in storage (including all services in	ncidenta	I thereto	p)					
B. Pick out, load, and ship								
26. The applicant certifies that all statements made	herein	are tr	ue and correct o	and that the applicant will operate is	n accordance with the			
terms and provisions of the CSA. This form me A manager of a business cannot sign unless au furnished by an owner of the business.	ust be s	igned	by an authorize	d individual. i.e., corporate officer.	partner or proprietor.			
27A. NAME OF WAREHOUSE OPERATOR (Legal entity name	ne as sh	own in	Item 6.)					
27B. BY: (SIGNATURE)			27C. TITLE		27D. DATE (MM-DD-YYYY)			
NOTE: The authority for collecting the following information by the Paperwork Reduction Act of 1995. The time reviewing instructions, searching existing data source. The following statement is made in accordance with 714c and regulations promulgated thereunder (7 CFI CCC. Furnishing the requested information is volunt be provided to other agencies, IRS, Department of June 1997.	required ces, gath the Priva R Part 14 tary, how ustice, o	I to com nering a acy Act 427). T vever, w r other	plete this informating the maintaining the of 1974 (5 USC 55) The information will without it, eligibility to State and Federal	on collection is estimated to average 1 hot data needed, and completing and reviewing 2a). The authority for requesting the follow be used to complete the terms of a contration of enter into an agreement with CCC cannot be unforcement agencies, and in responsance.	ur per response, including the time for ng the collection of information. wing information is 15 USC 714b and not between the warehouse operator and ot be determined. This information may se to a court magistrate or			
administrative tribunal. The provisions of criminal an may be applicable to the information provided. RETU BRANCH, STOP 8748, P.O. BOX 419205, STOP 87	URN TH	Е СОМ	PLETED FORM T	O THE KANSAS CITY COMMODITY OFF				