

**FINANCIAL PROFILE**State Form 1349 (R5 /11-05)
Approved by State Board of Accounts, 2006**OFFICE USE ONLY**

FILE #

Indiana Grain Buyers &
Warehouse Licensing Agency
101 West Ohio Street
Suite 1200
Indianapolis, Indiana 46204
Phone: (317) 232-1356
Fax: (317) 232-1362**INSTRUCTIONS: Please complete this form and attach to Financial Statement****INFORMATION HEREIN WILL REMAIN CONFIDENTIAL
PER INDIANA STATUTE I.C. 26-3-7-6.5**

COMPANY INFORMATION			
Name of business:			
d/b/a:			
Individual in charge:		Title of Individual in charge:	
Address (location and mailing):			
City, State, Zip Code:			County:
Telephone number (Area code):		Fax number (Area code):	
FORM OF BUSINESS ORGANIZATION		PRINCIPLE BUSINESS ACTIVITIES	BUSINESS TYPE
Check <input checked="" type="checkbox"/> only one:			
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> "S" Corporation <input type="checkbox"/> Other, specify: _____		<input type="checkbox"/> Grain Bank <input type="checkbox"/> Warehouse <input type="checkbox"/> Grain Buyer <input type="checkbox"/> Grain Buyer & Warehouse	<input type="checkbox"/> Grain <input type="checkbox"/> Grain & Feed <input type="checkbox"/> Seed <input type="checkbox"/> Popcorn <input type="checkbox"/> Other, specify: _____
Fiscal Closing Date:	Date of Incorporation:	Accounting Basis: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	

Owner's name and address (if proprietorship), Partners (if partnership), or Officers and Directors (in the case of corporations). Attach separate list if necessary		
Name:	Percent owned (to total 100%)	If corporation, (check one box) <input type="checkbox"/> Director <input type="checkbox"/> Officer
Address:	Title:	
Name:	Percent owned (to total 100%)	If corporation, (check one box) <input type="checkbox"/> Director <input type="checkbox"/> Officer
Address:	Title:	
Name:	Percent owned (to total 100%)	If corporation, (check one box) <input type="checkbox"/> Director <input type="checkbox"/> Officer
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Name:	Percent owned (to total 100%)	If corporation, (check one box) <input type="checkbox"/> Director <input type="checkbox"/> Officer
Address:	Title:	

APPLICANT'S VERIFICATION	
I, (Name): _____ being first duly sworn, depose and say that I am	
the (Title): _____ of the licensee (Name of Company): _____	
authorized on the part of said company to verify and file with the Indiana Grain Buyers and Warehouse Licensing Agency this financial profile; that I have full personal knowledge of the matters set forth herein and that all of the same are true in substance and in fact.	
Signature:	Date:

**The above verification must be signed by the owner if an individual, by one of the partners if a partnership,
or by an officer of the corporation if a corporation.**