This form is availab CCC-28-1		RTMENT OF AGRICU			COLUCE ONLY			
(04-19-19)		odity Credit Corporati			1. Approved Dat	EAVE BLANK CO e (MM-DD-YYYY)	2. Agreement Number	
						,		
APPLICATION FOR APPROVAL OF WAR Sugar Storage Agreement (SSA				3 Wareh		ode Number	Master Code Number	
CFR Part 14 sugar. The to the inform USDA/FSA-	35, and the Commodi information collected o ation by statute or reg	ty Credit Corporation Cha on this form may be disclo ulation and/or as describe r. Providing the requeste	rter Act (15 sed to other ed in applica	U.S.C. 714 et seq.). The inform Federal, State, Local governme ble Routine Uses identified in the	ation will be used to apply nt agencies, Tribal agenc e System of Records Noti	r for a Sugar Storage Agreer ies, and nongovernmental e ice for USDA/FSA-2, Farm F	led on this form is 7 CFR Part 1423, 7 ment to store CCC owned and loan ntities that have been authorized acces Records File (Automated) and lability to apply for a Sugar Storage	
1995. The t	ime required to comple		tion is estima	ated to average 1 hour per respo			ndated by the Paperwork Reduction Act rching existing data sources, gathering	
				statutes may be applicable to to				
	ereby applies f						or requests amendment to	
5. Legal Name of E	ntity			6. W	arehouse Location	(s) (Town, County, S	tate)	
7A. Name of Warehouse Manager or Superintendent 7B. 7			7B. T	elephone Number <i>(Inclu</i>	de Area Code)	7C. Fax Number (I	Include Area Code)	
8A. Type of Wareho	uso Liconso:	8B. License Num	hor	9. Type of Operating I	Entity:			
	use Licerise.	ob. License Nuii	ibei					
Not licensed				Corporation/Cooperative Individual/ Proprietorship General Partnership Other				
U.S. Warehouse Act				Umited 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, a	and Address of	(Include Zip Cod	e):	o. rax rambor (me				
Officers, if a CoPartners, if a FIndividual, if aAll members o	artnership Proprietorship	ooperative						
13A.			13B. TITLE			13C.		
NAME				IIILE			ADDRESS	
·				·			<u></u>	

CCC-28-1 (04-19-19) PAGE 2 OF 2

14. Total Handling Capac	ity Combining all Locations P	er Normal Wor		Weight in Hundredwei	ght (Cwt.)):						
TYPE OF CC	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 O	UT	A. LOCATION	B. RECEIVE	C. LOAD OUT					
16. CERTIFICATIO	N										
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. 16A. Legal Name of Entity											
16B. By			C. Title		16D. Date (MM-DD-YYYY)						

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