

**BW**  
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KANSAS SECRETARY OF STATE  
**Bonded Warehouse License Application**  
Instructions

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

<input type="checkbox"/> <b>Filing fee</b>	Submit this form with bond and the <b>\$40</b> filing fee.
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE:</b> There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> <b>Expiration</b>	All licenses expire on December 31 of each year. A new application and bond must be submitted annually.
<input type="checkbox"/> <b>Note</b>	Per K.S.A. 82-171, this Act shall not be construed as in any way affecting, altering, or amending Chapter 34—Grain & Forage. Grain and forage companies operating as public warehouses are also subject to K.S.A. 34-229.

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THIS SPACE FOR OFFICE USE ONLY.

**1. Applicant name and address**

Name must be identical on both application and bond.

Name	Street Address	
City	State	Zip

**2. Name and address of officers/directors or partners**

If applicant is a corporation, list names and addresses of officers and directors.

If applicant is a partnership, list names and addresses of partners.

Name 1	Street Address	
City	State	Zip
Name 2	Street Address	
City	State	Zip
Name 3	Street Address	
City	State	Zip

**3. Place(s) of business where the applicant will operate as a bonded warehouse**

Street Address		
City	State	Zip
Street Address		
City	State	Zip
Street Address		
City	State	Zip

**4. Percentage of capacity of the warehouse operated as a bonded warehouseman**

**%**

**5. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.**

Signature of Person

X

Month    Day    Year

Name of Signer (printed or typed)

Phone Number