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APPLICATION FOR BECOMING A "REGULAR" ELEVATOR  
RENEWAL AS A "REGULAR" ELEVATOR

Company Name: \_\_\_\_\_

City	State	Zip Code
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Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Elevator Applying for  
Regularity/Renewal:** \_\_\_\_\_

City	State	Zip Code
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Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If yes, give dates of suspension/revocation and reason(s):

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Please note that each elevator and location must submit a separate application.

**Elevator Information Continued**

Elevator Location:	<input type="checkbox"/> Waterfront	
	<input type="checkbox"/> Interior	
Delivery Location:	<input type="checkbox"/> Minneapolis/St. Paul, Minnesota Switching District <input type="checkbox"/> Duluth, Minnesota/Superior, Wisconsin Switching District <input type="checkbox"/> Red Wing, Minnesota Switching District <input type="checkbox"/> Minnesota / North Dakota Territory	
Connects to One or More Rail Lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
List Railroad(s) Serving Elevator:	(1) _____ (2) _____ (3) _____	
Type of Warehouse License:	<input type="checkbox"/> Federal <input type="checkbox"/> State of _____	License Number: _____ License Number: _____

**CAPACITY**

Licensed Storage Capacity at Elevator: \_\_\_\_\_ bushels

Total Licensed Storage Capacity at ALL Elevators Applying for Regularity: \_\_\_\_\_ bushels

Minimum Load-out Rate in an 8 Hour Shift by Mode of Transportation:

Rail:	_____ bushels per day
Barge:	_____ bushels per day
Vessel:	_____ bushels per day

Can you load-out by rail and barge or by rail and vessel at the same time? ( ) Yes ( ) No

If yes, minimum combined load-out rate: \_\_\_\_\_ bushels per day

**TARIFF**

Storage Per Day: \$ \_\_\_\_\_ per bushel

Insurance Per Day: \$ \_\_\_\_\_ per bushel

Other Insurance Rate: \_\_\_\_\_

**Note: See MIAX Futures Rule 50.3.3. for the maximum load-out charge and storage charge (which includes insurance).**

**Contacts**

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Suite Number

City

State

Zip Code

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Backup Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Suite Number

City

State

Zip Code

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2<sup>nd</sup> Backup Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Suite Number

City

State

Zip Code

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Before this application can be considered the following documents must be included:**

**Tariff      Audited Financial Statement\*      Interim Financial Statement\*      Copy of Warehouse License**

**\*If not already forwarded as required by the MIAx Futures Rules**

**The undersigned agrees to comply with all MIAx Futures Rules.**

**Additionally, the undersigned shall agree to subscribe to all of the applicable provisions of the CEA and CFTC Regulations.**

**Return this form to:  
MIAx Futures Exchange  
Attn: Secretary  
400 S. 4th St., Suite 130  
Minneapolis, MN 55415  
Phone: (612) 321-7169  
Fax: (612) 339-1155**

\_\_\_\_\_  
Applicant's Name (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Date