

**FORM 5-3 – MINNEAPOLIS HARD RED SPRING WHEAT APPLICATION FOR BECOMING A  
“REGULAR” ELEVATOR OR RENEWAL AS A “REGULAR” ELEVATOR**

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**MIAX FUTURES  
Form 5-3  
Minneapolis Hard Red Spring Wheat Futures**

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

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**Company Information**

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

Address: \_\_\_\_\_  
Street \_\_\_\_\_ Suite Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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**Elevator Information**

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

Address: \_\_\_\_\_  
Street \_\_\_\_\_ Suite Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Has your elevator license ever been suspended or revoked?  Yes  No

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

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**NOTE**

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

**Elevator Information Continued**

Elevator Location:  Waterfront  
 Interior

Delivery Location:  Minneapolis/St. Paul, Minnesota Switching District  
 Duluth, Minnesota/Superior, Wisconsin Switching District  
 Red Wing, Minnesota Switching District  
 Minnesota / North Dakota Territory

Connects to One or More Rail Lines?  Yes  
 No

List Railroad(s) Serving Elevator: (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

Type of Warehouse License:  Federal License Number: \_\_\_\_\_  
 State of \_\_\_\_\_ 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 \_\_\_\_\_