

MQ-79-2A

U.S. Department of Agriculture
Farm Service Agency

(06-01-01)

STATE FSA OFFICE USE ONLY

1. KIND OF TOBACCO	2. DEALER NUMBER
3. MARKETING YEAR	4. NUMBER OF CARDS
5. PHOTO ID TYPE & NUMBER	6. FSA REPRESENTATIVE

**TOBACCO DEALER'S
APPLICATION AND AGREEMENT**

See MQ-79-2A Instructions for Privacy Act and Burden Statements.

PART A - DEALER INFORMATION

1. THIS APPLICATION IS FOR APPROVAL AS A TOBACCO DEALER UNDER 7 CFR PART 723 FOR THE FOLLOWING KINDS OF TOBACCO:

Burley Flue-Cured Other (Specify)

2. NAME AND ADDRESS OF DEALER (Include Street, City, State, and ZIP Code)

4. HAVE YOU EVER BEEN REGISTERED AS A TOBACCO DEALER?
Yes If "Yes", complete Items A, B, and C. No

A. Dealer _____
B. Dealer No. _____ C. Last Year Registered _____

3. MAILING ADDRESS IF DIFFERENT FROM ADDRESS IN ITEM 2 (Include Street, City, State and ZIP Code)

5. TYPE OF BUSINESS ENTITY
Sole Proprietor
General Partnership
Corporation or Limited Partnership

6. HOME PHONE NO. (Include area code) _____
7. BUS. PHONE NO. (Include area code) _____
8. SSN OR ID NO. _____

9. NAME AND ADDRESS OF CUSTODIAN OF RECORDS (Include Street, City, State and ZIP Code)

10. CUSTODIAN'S SSN OR ID NO. _____
11. CUSTODIAN'S HOME TELEPHONE NO. (Include area code) _____
12. CUSTODIAN'S BUSINESS TELEPHONE NO. (Include area code) _____

COMPLETE ITEM 13 FOR EACH PERSON THAT HAS MORE THAN A 10 PERCENT INTEREST IN YOUR DEALER OPERATION, INCLUDING BUT NOT LIMITED TO ASSOCIATES, PARTNERS, CORPORATE OFFICERS, DIRECTORS, AND SHAREHOLDERS. ATTACH SEPARATE PAGE IF ADDITIONAL SPACE IS NEEDED.

13A. NAME AND ADDRESS (Include Street, City, State and ZIP Code)

13B. NAME AND ADDRESS (Include Street, City, State and ZIP Code)

HOME PHONE (Include area code)	BUS. PHONE (Include area code)	HOME PHONE (Include area code)	BUS. PHONE (Include area code)
SSN OR ID NUMBER	PERCENT SHARE %	SSN OR ID NUMBER	PERCENT SHARE %

13C. NAME AND ADDRESS (Include Street, City, State and ZIP Code)

13D. NAME AND ADDRESS (Include Street, City, State and ZIP Code)

HOME PHONE (Include area code)	BUS. PHONE (Include area code)	HOME PHONE (Include area code)	BUS. PHONE (Include area code)
SSN OR ID NUMBER	PERCENT SHARE %	SSN OR ID NUMBER	PERCENT SHARE %

COMPLETE ITEM 14 FOR ALL PERSONS WHO ARE AUTHORIZED TO USE YOUR DEALER CARD TO BUY AND SELL TOBACCO FOR YOU. ATTACH SEPARATE PAGE IF ADDITIONAL SPACE IS NEEDED.

14A. NAME AND ADDRESS (Include Street, City, State and ZIP Code)

14B. NAME AND ADDRESS (Include Street, City, State and ZIP Code)

SSN OR ID NUMBER	NO. OF CARDS REQUESTED	SSN OR ID NUMBER	NO. OF CARDS REQUESTED
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15. Please answer the following questions:	YES	NO
A. Is there a member of your immediate family or household who is currently, or in the past 3 years has been, engaged in buying or selling tobacco?		
B. Do you or any other person listed in Part I of this application have an ownership or managerial interest in:		
(1) A tobacco farm,		
(2) A tobacco auction warehouse,		
(3) Another tobacco dealer operation?		
C. Do you or any other person listed in Part A of this application owe a marketing quota penalty to the United States?		

16. If any of the questions in Item 15 are marked "YES", give the person's name and provide a brief explanation. Attach separate page if additional space is needed.

PART B - DEALER OPERATION

1. DEALER'S EMPLOYMENT AND EXPERIENCE:

A. EXPERIENCE IN TOBACCO

(1) NAME AND ADDRESS OF EMPLOYER		(6) DESCRIPTION OF WORK:
(2) SUPERVISOR'S NAME	(3) SUPERVISOR'S PHONE NUMBER	
(4) BEGINNING EMPLOYMENT DATE (MM-DD-YYYY)	(5) ENDING EMPLOYMENT DATE (MM-DD-YYYY)	

B. EXPERIENCE IN TOBACCO

(1) NAME AND ADDRESS OF EMPLOYER		(6) DESCRIPTION OF WORK:
(2) SUPERVISOR'S NAME	(3) SUPERVISOR'S PHONE NUMBER	
(4) BEGINNING EMPLOYMENT DATE (MM-DD-YYYY)	(5) ENDING EMPLOYMENT DATE (MM-DD-YYYY)	

2. INTENDED PURCHASES AND RESALES OF TOBACCO - Complete the following for all tobacco dealers and warehouses that you intend to do business with this year. Enter the estimated quantity of tobacco that you intend to purchase and/or resell with each dealer or warehouse. Attach separate page if additional space is needed.

A. DEALER/WAREHOUSE NAME	B. CITY AND STATE	QUANTITY	
		C. PURCHASES	D. RESALES
E. TOTALS			

PART C - CERTIFICATION AND AGREEMENT

Subject to such additional requirements as may be provided by law and federal regulations at 7 CFR Part 723 as they relate to tobacco dealers, I, the undersigned, also agree to the following conditions if approved as a tobacco dealer:

1. The Dealer Identification Card (MQ-79-2) issued to me will be used only by those persons so named and authorized in Part A of this application. The use of my card by any other person shall be cause for suspension in addition to any penalties that may result from the use of the card.
2. Reports on MQ-79 of my purchases and resales of tobacco will be submitted weekly on or before Saturday of the week the transactions occurred. Nonauction purchases will be reported on MQ-72-2 and submitted along with the MQ-79.
3. The marketing quota penalty due will be collected and remitted by me on any tobacco purchase that:
 - is not identified by the seller with a valid MQ-76 or MQ-79-2
 - exceeds the balance available for sale on MQ-76 or MQ-79
 - has a TMQ lien annotated on MQ-76 or MQ-79-2.

The amount of penalty due to be collected and remitted by me may be deducted from the proceeds due the seller.

4. All Dealer Identification Cards (MQ-79-2) issued to me will be surrendered upon demand by the Farm Service Agency.

I understand that a letter of credit or tobacco dealer's bond for the required amount must be furnished to the State FSA Office before my dealer card will be issued. I also understand that my dealer card may be suspended or terminated for the filing of false reports, failure to file reports timely, failure to permit the inspection and weighing of my tobacco, and failure to comply with other program provisions. I also understand that any nonauction purchases reported by me that cannot be substantiated by me shall be denied purchase credit and may result in excess resales on my dealer account for which a penalty shall be remitted by me. I understand that a Tobacco Marketing Quota (TMQ) lien, as provided by law and regulation, will exist on any tobacco that I have an interest in until the amount of penalty owed by me has been paid to the United States Government.

I certify under penalty of law that the information in this application is true, correct and complete to the best of my knowledge. (Title 18 of USC provides a fine of \$10,000 or 5 years imprisonment or both.)

5. SIGNATURE	DATE (MM-DD-YYYY)
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PART D - APPROVAL (FSA USE ONLY)

1. CERTIFICATION ON SECURITY AMOUNT REQUIRED AND MARKETING QUOTA PENALTY DEBTS

A. AMOUNT REQUIRED FOR TOBACCO DEALER'S BOND OR LETTER OF CREDIT \$ _____	B. PERSONS IN PART A WHO ARE INDEBTED TO THE UNITED STATES FOR MARKETING QUOTA PENALTY:		
	(1) NAME	(2) SSN OR ID NO.	(3) AMOUNT
			\$
			\$
			\$
			\$

I have reviewed all persons listed in Part A of this application for marketing quota penalty debts. The amounts shown above in Part D Item 1B are true and correct to the best of my knowledge:

C. STATE OFFICE SPECIALIST	DATE (MM-DD-YYYY)
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2A. APPLICATION APPROVAL APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	2B. STATE EXECUTIVE DIRECTOR	DATE (MM-DD-YYYY)
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3. MAILED APPROVAL LETTER WITH BOND/LETTER OF CREDIT AMOUNT OR LETTER OF DISAPPROVAL	INITIALS	DATE (MM-DD-YYYY)
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