APPLICATION FOR WOOL DEALER'S LICENSE

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
LIVESTOCK DIVISION
SFN 52023 (3-2011)

600 E Boulevard Ave - Dept 602
Bismarck ND 58505-0020

LICENSE FEE $10.00
License Expires June 30th

1. The undersigned is applying for a license as a dealer in wool under the provisions of the laws of the State of North Dakota. (NDCC Ch. 36-04)

Name of Dealer				
Mailing Address	City	State	ZIP Code	Telephone Number

2. PLEASE NOTE: A dealer shall be accountable and responsible for all the acts of a designated agent (NDCC 36-04-03(4)). The APPLICANT designates the following person(s) as agents to act in his behalf and requests that Agent Identification be issued to:

NAME	ADDRESS

I, the undersigned applicant for a North Dakota wool dealer's license, understand that I am strictly responsible for and will be held strictly liable for all the acts, omissions, or failures arising out of wool dealings of the agent(s) listed above, whether or not the dealings have been personally authorized by me.

X _____

Applicant's Signature

3. **A surety bond is required for each dealer. (NDCC 36-04-05)** The surety bond is for the purpose of protecting any person who deals with the dealer. It is for the benefit of any person selling wool to or dealing in wool with the dealer or the dealer's agent. The minimum of the bond is $10,000. The department may require additional amounts to protect the public interest.

4. IF APPLICANT is a partnership, list name and address of the partners:

NAME	ADDRESS

5. IF APPLICANT is a corporation, or association, list name and address of the principal officers:

TITLE	NAME	ADDRESS
PRESIDENT		
SECRETARY		
TREASURER		
GENERAL MANAGER		

6. IF APPLICANT is a foreign corporation, where is principal place of business outside of North Dakota?

Mailing Address	City	State	ZIP Code

7. COMPLETE, DATE AND SIGN THE ENCLOSED FINANCIAL STATEMENT. (See enclosed Financial Statement)

(OVER)

8. REFERENCES:

List **ALL** banks/financial institutions, others who hold assets or liabilities of the applicant. Be sure to list the mailing address**:**

NAME	ADDRESS

List names of commodities broker(s) with whom the applicant has dealings (if none, write "NONE" in Name column):

NAME	ADDRESS

List names of accountants and other sources of information or references relating to the applicants business:

NAME	ADDRESS

9. Has applicant ever been convicted of violating the laws of this state governing the shipment of transportation of wool? ☐ Yes ☐ No

Has applicant ever been convicted of fraudulent practices in the purchase of wool or dealing with wool? ☐ Yes ☐ No

The applicant voluntarily authorizes the Department of Agriculture, or its duly authorized agent, access to inspect and to copy any and all financial information and records of the applicant held by those persons, institutions, and agencies identified in "REFERENCES" section of this application above. The information and records may be used by the Department of Agriculture in the course of licensing, relicensing, or investigation of the application. Any information or records gained through use of this release are confidential. Any disclosure of information or records gained through the use of this release, except as provided for in this application, is prohibited. The Department of Agriculture may, however, furnish the information or records gained through use of this release to the Attorney General and other state agencies, and any prosecuting officials requiring the information or records for use in pursuit of official duties. This authorization remains in effect until the applicant provides specific revocation by written notice to the Department of Agriculture, or until the applicant ceases to be licensed.

NOTE: If APPLICANT is an association or corporation, the association or corporate name must be listed as the APPLICANT.

X _____
Applicant's Signature

By _____
Signature of Manager of Association or Corporation

STATE OF _____)
) SS.
COUNTY OF _____)

_____ , being duly sworn, says that he/she is the person named in the foregoing application, or the manager of the corporation or partnership so named, and that the facts stated in this application are true

Sworn to before me this _____ day of _____ , 20 _____

(Seal)

_____
Notary Public

My commission expires _____

Deposit of license fee does not imply approval of application. Refunds will be issued for applications not approved.