APPLICATION FOR LIVESTOCK AUCTION MARKET LICENSE

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
LIVESTOCK DIVISION
SFN 53278 (3-2011)

OFFICE USE ONLY
Receipt Number
License Number

LICENSE FEE $200.00 - License Expires March 31st

MAIL TO:
ND Department of Agriculture
Livestock Division
600 E Boulevard Ave Dept 602
Bismarck ND 58505-0020

PLEASE TYPE OR PRINT CLEARLY

The undersigned is applying for a Livestock Auction Market License under provisions of laws of the State of North Dakota.

Name of Applicant (to whom license is to be issued)			
Mailing Address (principal place of business in ND)	City	State	ZIP Code
Place where market is to be operated	City	State	ZIP Code

If APPLICANT is a partnership, list name and address of the partners:

Name	Address	
City	State	ZIP Code
Name	Address	
City	State	ZIP Code

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

TITLE	NAME/CITY	ADDRESS	
PRESIDENT	Name	Mailing Address	
	City	State	ZIP Code
SECRETARY	Name	Mailing Address	
	City	State	ZIP Code
TREASURER	Name	Mailing Address	
	City	State	ZIP Code
GENERAL MANAGER	Name	Mailing Address	
	City	State	ZIP Code

The Department of Agriculture must be notified immediately of any changes of the principle officers listed above and/or changes of stock ownership of major stockholders.

If APPLICANT is a foreign corporation, where is principal place of business outside of North Dakota?

Mailing Address	City	State	ZIP Code

- The applicant must show ownership or control of adequate facilities for the care, sorting, feeding, loading and unloading, and the shipment of livestock
- License is **NON TRANSFERABLE**.
- **ATTACH A DETAILED FINANCIAL STATEMENT** showing the applicant is financially responsible to operate such auction market.
- **ATTACH A FEE SCHEDULE** listing the fees and commissions which will be charged to owners, sellers or their agents. Such schedule is required to be posted conspicuously at the auction market.

Has applicant or any association/corporation member ever been convicted of a violation of the laws of North Dakota governing sale, shipment or transportation of livestock? ☐ Yes ☐ No

If YES, list name, place and date below:

Name	Place	Date

OVER

REFERENCES:

List **ALL** banks/financial institutions, and/or others who hold assets or liabilities of the applicant. Be sure to list the MAILING ADDRESS.

Name			
Mailing Address	City	State	ZIP Code
Name			
Mailing Address	City	State	ZIP Code
Name			
Mailing Address	City	State	ZIP Code
Name			
Mailing Address	City	State	ZIP Code

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 this application. 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.

(Corporate Seal)

Applicant's Signature
Title or Association/Corporation Position
Name of Association or Corporation

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

STATE OF _____)
) SS.
COUNTY OF _____)

_____ , being duly sworn, says that he/she is the person named in the application, or the manager or partner of the corporation or association so named, and that the facts stated in this application are true to his/her own knowledge.

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

(Seal)

_____
Notary Public

My commission expires _____

LICENSE EXPIRES AT MIDNIGHT ON MARCH 31ST