



# APPLICATION FOR LIVESTOCK DEALER / MARKET LICENSE

State Form 18496 (R10 / 5-18)

Return to:  
**INDIANA STATE BOARD OF ANIMAL HEALTH**  
 Discovery Hall  
 1202 East 38th Street, Suite 100  
 Indianapolis, IN 46205-2898  
 Telephone number: (317) 544-2400  
 Fax number: (317) 974-2011

- INSTRUCTIONS:**
- Use ink or type all information.
  - Every dealer is required to be licensed under this act as required by Indiana Code 15-17-1 and shall keep such records, accounts and memoranda as shall fully and correctly disclose all purchases, sales or transfers involving livestock transactions consummated in connection with his business.

Name of person, firm or corporation	Date of birth (if an individual) (month, day, year)
Address where business will be conducted (number and street, city, state, and ZIP code)	Telephone number ( )
Name of contact person within the organization (if different than above)	County of address where business will be conducted

Principal address of contact person (if different than above) (number and street, city, state, and ZIP code)

Nature of business enterprise	<input type="checkbox"/> Individual dealer	<input type="checkbox"/> Packer buying station	<input type="checkbox"/> New application
<input type="checkbox"/> Stockyards	<input type="checkbox"/> Packer	<input type="checkbox"/> Auction market	<input type="checkbox"/> Renewal
<input type="checkbox"/> Concentration point	<input type="checkbox"/> Order buyer		
Business status of firm	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership		
Is the area where business will be conducted zoned for such business?	If a new application or a change of ownership, send a copy of approval / contract from government agency that granted zoning approval / contract for location of business.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Have you ever been convicted of having committed a felony?	Are you registered and bonded with USDA-P&SA?	Are you / your agents now under any suspension or other disciplinary order issued by the Secretary of Agriculture of the U.S. pursuant to the Packers and Stock Yards Act (7 U.S.C.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Amount paid for livestock purchased in Indiana during previous calendar year.	Amount received for consigned livestock sold on commission during previous calendar year	Are scales maintained in Indiana and utilized in weighing of livestock purchased or sold in Indiana?
\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Number of head purchased during the previous calendar year at this facility, or number of head purchased covered by this license.**

Hogs	Cattle	Horses/Mules	Sheep/Goats	Deer	Llama	Buffalo	Ostrich/Emu	All Other

**Number of head of consigned livestock sold on commission during previous calendar year.**

Hogs	Cattle	Horses/Mules	Sheep/Goats	Deer	Llama	Buffalo	Ostrich/Emu	All Other

If business is to be transacted by a manager, supervisor or resident agent other than the corporate officer as shown above, indicate full name, title and complete address.

1. Name	Title	Date of birth (month, day, year)
Home Address (number and street, city, state, and ZIP code)		

List full names and complete addresses of all persons who will act as agents or representatives in the actual buying or selling (attach separate sheet if necessary).

1. Name	Date of birth (month, day, year)
Home Address (number and street, city, state, and ZIP code)	

2. Name	Date of birth (month, day, year)
Home Address (number and street, city, state, and ZIP code)	

3. Name	Date of birth (month, day, year)
Home Address (number and street, city, state, and ZIP code)	

### NOTARY CERTIFICATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SS:

The undersigned, being duly sworn upon his oath, states or affirms that he is the applicant (or duly authorized representative of the applicant herein named, to make this affidavit) and that he has read the foregoing statements and that to the best of his knowledge and belief they are true and correct and that he will comply with all laws and regulations of the Board of Animal Health pertaining to his business.

Signature of applicant	Date signed month, day, year)	Signature of Notary Public
Signature of applicant's representative	Date signed month, day, year)	Printed or typed name of Notary Public
Date subscribed and sworn To (Notary Public)	County of residence	Date commission expires (month, day, year)