



Rick Pate  
Commissioner

# ALABAMA DEPARTMENT OF AGRICULTURE & INDUSTRIES

## STOCKYARDS & BRANDS SECTION

1445 Federal Drive · Montgomery, Alabama 36107-1123  
334-240-7304 · 800-642-7761 Ext. 7304

### LIVESTOCK MARKET PERMIT

Dear Applicant:

Livestock Market Permits expire September 30<sup>th</sup> of each year.

All applications submitted must include a financial statement prepared by a financial institution, certified public accountant or tax professional. The financial statement must indicate the gross amount of business conducted during the previous twelve (12) months (October 1 through September 30) and the assets and liabilities of the business. Applications received without your Stockyard's financial statement will be returned.

Effective August 1, 2017, all applications submitted must include a Livestock Market Inspection Report completed by the State Veterinarian's office. The annual animal health inspection of the site is to be performed between October 1 and September 30 of the previous permit year. Please contact the State Veterinarian office at 334-240-7255 to schedule an inspection.

The Livestock Market Permit fee is based on the annual gross business:

### PERMIT FEE SCHEDULE

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<i>Gross Sales</i>	<i>Permit Amount</i>
\$ 0.00 - \$ 249,999.99	\$ 85.00
\$ 250,000.00 - \$ 499,999.99	\$ 170.00
\$ 500,000.00 - \$ 999,999.99	\$ 250.00
\$1,000,000.00 - \$2,499,999.99	\$ 340.00
\$2,500,000.00 and above	\$ 425.00

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Mail application and requested forms to:

**Alabama Department of Agriculture and Industries  
Stockyards & Brands Section  
1445 Federal Drive  
Montgomery, Alabama 36107-1123**

If you have any questions please contact us by phone at 334-240-7304 or email at [agcompliance@agi.alabama.gov](mailto:agcompliance@agi.alabama.gov) and our staff will be happy to assist you.

*"We provide employment & services without discrimination."*



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### 2021 APPLICATION FOR LIVESTOCK MARKET PERMIT

(PLEASE PRINT OR TYPE)

DATE \_\_\_\_\_ NEW APPLICATION \_\_\_\_\_ RENEWAL APPLICATION \_\_\_\_\_

Name of Stockyard: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Kinds of Livestock Handled:** Cattle (\_\_\_) Sheep (\_\_\_) Goats (\_\_\_) Hogs (\_\_\_)  
Horses and Mules (\_\_\_) Poultry (\_\_\_) Other (\_\_\_) \_\_\_\_\_

**Status of Applicant:** Individual (\_\_\_) Partnership (\_\_\_) Corporation (\_\_\_)  
(Check one) Cooperative Association (\_\_\_) LLC (\_\_\_)

If applicant is a cooperative or corporation, designate state law under which organized and principal place of business: \_\_\_\_\_

State below names and address of each owner, partner or principal officers.

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Name, title and address of Stockyard Manager:**  
\_\_\_\_\_

**Auctioneer:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Day or days in which sales are to be held each week:**

Monday (\_\_\_) Tuesday (\_\_\_) Wednesday (\_\_\_) Thursday (\_\_\_) Friday (\_\_\_) Saturday (\_\_\_)

Weekly (\_\_\_) Monthly (\_\_\_) OTHER \_\_\_\_\_

**Veterinarian who will serve livestock market:** \_\_\_\_\_

Veterinarian address: \_\_\_\_\_  
(Street, Apt or PO Box#) (City) (State) (Zip)

**If previously operated give name under which stockyard operated:**

\_\_\_\_\_

**Describe property and facilities to be used as livestock market.**

Kind of Construction (wood, brick, sheet, iron, etc.): \_\_\_\_\_

Number of square feet enclosed under roof: \_\_\_\_\_

Number of square feet not under roof: \_\_\_\_\_

Capacity and make of scales: \_\_\_\_\_

Date when scales were last tested: \_\_\_\_\_

**Do you own the property and building described above, if not give name and address of owner.**

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

Address: \_\_\_\_\_  
(Street, Apt or PO Box#) (City) (State) (Zip)

**Insurance Company which provides your fire and windstorm insurance.**

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

Address: \_\_\_\_\_  
(Street, Apt or PO Box #) (City) (State) (Zip)

**Name of Agent Writing Policy:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Apt or PO Box #) (City) (State) (Zip)

Phone: \_\_\_\_\_

**Amount of Policy:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**If the policy coverage is continuous or until cancelled, submit a statement from the insurance company confirming present coverage; otherwise, submit a copy of the policy renewal.**

Statement attached (\_\_\_) Renewal attached (\_\_\_)

**Character of business:** (Check application terms)

Selling on Commission (\_\_\_)

Buying on Commission (\_\_\_)

Buying for Resale (\_\_\_)

Other Services: \_\_\_\_\_

**Number of heads of livestock handled during preceding 12 months:**

Cattle: \_\_\_\_\_

Calves: \_\_\_\_\_

Hogs: \_\_\_\_\_

Sheep: \_\_\_\_\_

Goats: \_\_\_\_\_

Horses: \_\_\_\_\_

Mules: \_\_\_\_\_

Other: \_\_\_\_\_

**If livestock market has engaged in business during 1-month period prior to July 1<sup>st</sup>:**

Gross amount of business done by applicant during 12 months ending June 30<sup>th</sup>: \$\_\_\_\_\_

Number of days on which sales were held during 12 months ending June 30<sup>th</sup>: \_\_\_\_\_

**Please list names of individuals weighing at your stockyard:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## A F F I D A V I T

State of Alabama

\_\_\_\_\_ County

Before me, \_\_\_\_\_, a Notary Public in and for said county and state, personally appeared \_\_\_\_\_ who, being by me duly sworn, deposes and says the statements contained in the foregoing application are true and correct and fully cover the operation of the livestock market which permit is hereby applied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title of Applicant

Sworn to and subscribe before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Existing or proposed building facilities have been approved.**

\_\_\_\_\_ Date \_\_\_\_\_

Animal Health Official



## LIVESTOCK MARKET INSPECTION REPORT

Market Name: \_\_\_\_\_

Address: \_\_\_\_\_

Premises ID Number \_\_\_\_\_ Accredited Market Veterinarian \_\_\_\_\_

- |   | Satisfactory             | Unsatisfactory           |
|---|--------------------------|--------------------------|
| <b>1. PENS and ALLEYS IN ACCORDANCE WITH AL Code 2-15-64</b>  |                          |                          |
| A. Adequate and proper facilities, for handling livestock   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Pens and gates in good state of repair   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Pens and alleyways clean and dry   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Pens provide adequate protection from weather and are well drained   | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Scales certified and approved by Weights and Measures (ADAI) annually  |                          |                          |
| i. Date of last Certification by the ADAI _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Date of last inspection by service company _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2. TEST FACILITIES</b>   |                          |                          |
| A. Chutes and testing equipment, such as head catch, adequate in number and size to handle cattle and hogs.   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Chutes & testing equipment in proper state of repair   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Sufficient light for reading tags  | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Market furnishes sufficient help to handle cattle and hogs   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. QUARANTINE PENS IN ACCORDANCE WITH TITLE 9 CFR PART 71.2</b>  |                          |                          |
| A. Identified as quarantine pen   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Located in an area so as not to expose other animals   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Pen can be properly cleaned  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. IDENTIFICATION</b>  |                          |                          |
| A. Backtags – All adult cattle (2 yrs. of age) backtagged with tag six inches from the midline and just behind the shoulder of the animal in accordance with Title 9 CFR Part 71.18.  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Stockyards must keep records that identify all livestock received showing name and address of the owner, the number of animals received, the date received with description of animals. These records should be maintained for five years for public inspection, other than sheep & goats, see Item 6. | <input type="checkbox"/> | <input type="checkbox"/> |



	Satisfactory	Unsatisfactory
C. All swine identified to farm of origin. Feeder pig eartags, sows and boars backtags recorded on lotting in slip in accordance with Title 9 CFR part 71.29.	<input type="checkbox"/>	<input type="checkbox"/>
D. All sheep identified to farm of origin. Sheep should be identified by their owners prior to sale. If stockyard eartags are applied on sale day, this tag number must be recorded on lotting in slip in accordance with Title 9 CFR Part 79.3.	<input type="checkbox"/>	<input type="checkbox"/>
E. Estimated percent of eligible animals properly identified & traceable. _____ %		
<b>5. REMOVAL FROM STOCKYARD</b>		
A. Slaughter hogs removed within 120 hours for slaughter only or to approved QT feedlot.	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeder pigs removed in 72 hours	<input type="checkbox"/>	<input type="checkbox"/>
6. COMPLIANCE REVIEW – in compliance with all requirements for federal approval as set forth in Title 9 CFR Part 71.20.	<input type="checkbox"/>	<input type="checkbox"/>
7. CARCASS DISPOSAL PROCEDURE: incinerator inspected by ADEM, burial site approved by NRCS, compost, private hauler, approved landfill, other _____	<input type="checkbox"/>	<input type="checkbox"/>
8. LIVESTOCK PRESENTED SHOW NO SIGN OF COMMUNICABLE OR INFECTIOUS DISEASE.	<input type="checkbox"/>	<input type="checkbox"/>
9. LIVESTOCK HANDLED IN ACCORDANCE WITH AL CODE 2-15-110 & 2-15-113.	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS MARKED UNSATISFACTORY SHOULD BE LISTED IN REMARKS SECTION WITH COMMENTS.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 VMO, AHT, CPS Stockyard Owner/Manager/Agent

Date \_\_\_\_\_ Date \_\_\_\_\_