



John McMillan
Commissioner

STATE OF ALABAMA
DEPARTMENT OF AGRICULTURE AND INDUSTRIES
STOCKYARDS & BRANDS SECTION
1445 Federal Drive · Montgomery, Alabama 36107-1123
334-240-7304 · 800-642-7761 Ext. 7304

LIVESTOCK MARKET PERMIT

Dear Sir or Madam:

Livestock Market Permits expire September 30th of each year.

All applications submitted must include a financial statement.

The financial statement must indicate the gross amount of business conducted during the previous twelve (12) months and the assets and liabilities of the business.

Applications received without your Stockyard's financial statement will be returned.

The Livestock market permit fee is based on the annual gross business:

P E R M I T F E E S C H E D U L E

<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

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 and our staff will be happy to assist you.

agi.alabama.gov

"We provide employment & services without discrimination."



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APPLICATION FOR LIVESTOCK MARKET PERMIT
 (PLEASE PRINT OR TYPE)

Date: _____

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 (___) Cooperative (___)
 (Check one)
 Association (___) Corporation (___) 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:

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

Monday (___) Tuesday (___) Wednesday (___) Thursday (___) Friday (___) Saturday (___)

Veterinarian who will serve livestock market: _____

Veterinarian address: _____
(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: _____
(City) (State) (Zip)

Insurance Company which provides your fire and windstorm insurance.

Name: _____

Address: _____
(City) (State) (Zip)

Agent writing policy.

Name: _____

Address: _____
(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 1st;

Gross amount of business done by applicant during 12 months ending June 30th: \$ _____

Number of days on which sales were held during 12 months ending June 30th: _____

Please list names of individuals weighing at your stockyard:

AFFIDAVIT

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