



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 the following:

1. 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.
2. A statement from the insurance company confirming present fire and windstorm coverage; otherwise, submit a copy of the policy renewal.
3. Verification statement from bond surety company or financial institution confirming status of bond or bond equivalent.

*\*Applications received without the required information will be returned.*

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

### PERMIT FEE SCHEDULE

<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](mailto:agcompliance@agi.alabama.gov) and our staff will be happy to assist you.

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



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### 2025 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.**

\_\_\_\_\_  
Animal Health Official

\_\_\_\_\_  
Date



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**STATE OF ALABAMA**  
**DEPARTMENT OF AGRICULTURE AND INDUSTRIES**  
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## PERSONAL FINANCIAL STATEMENT

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

Address: \_\_\_\_\_  
*Street City State Zip*

I make the following statement of all my assets and liabilities as of this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

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### ASSETS

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1. Cash in the following banks:

_____	\$ _____
_____	\$ _____
_____	\$ _____

2. Notes Receivable (Collectible)

A. Secured by Real Estate	First Lien	\$ _____
	Second Lien	\$ _____

B. Secured by Stocks Bonds, etc.	\$ _____
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C. Unsecured	\$ _____
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3. Accounts Receivable (Collectible)	\$ _____
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4. Stocks & Bonds (In My Name – List on Worksheet)	\$ _____
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A. Government Securities	\$ _____
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B. Listed Securities	\$ _____
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C. Unlisted Securities	\$ _____
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<b>5. Real Estate (In My Name – List on Worksheet)</b>	\$ _____
<b>A. Home</b>	\$ _____
<b>B. Other Real Estate</b>	\$ _____
<b>6. Cash Value Life Insurance (Do Not Deduct Loans)</b>	\$ _____
<b>7. Other Assets (Describe)</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Assets</b>	\$ _____

### LIABILITIES

<b>1. Notes Payable to the Following Banks:</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>2. Other Notes Payable:</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>3. Personal Bills, Installment Obligations, etc.</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>4. Mortgages on Real Estate (Totals Only – List on Worksheet)</b>	
<b>A. Home</b>	\$ _____
<b>B. Other Real Estate</b>	\$ _____
<b>5. Taxes Due</b>	\$ _____
<b>6. Loans Against Life Insurance</b>	\$ _____
<b>7. Other Liabilities (Describe)</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>8. Total Debt</b>	\$ _____
<b>9. Net Worth</b>	\$ _____
<b>Total</b>	\$ _____

**ENDORSEMENTS AND GUARANTIES**

Maker	Payable to (or Holder)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**OTHER CONTINGENT LIABILITIES**

<b>As Bondsman (Describe)</b> _____	\$ _____
<b>For Unsettled Suits and Claims (Describe)</b>	
_____	\$ _____

**PERSONAL INFORMATION**

Occupation: \_\_\_\_\_

Partner or Officer in Other Venture: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Married

Separated

Unmarried

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

**SOURCE OF INCOME**

Salary \$ \_\_\_\_\_

Bonus and Commission \$ \_\_\_\_\_

Real Estate Income \$ \_\_\_\_\_

Alimony, Child Support or Separate Maintenance Income \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

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