



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 30th 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 and our staff will be happy to assist you.

"We provide employment & services without discrimination."



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2027 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

US Citizen:

Y / N

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

Name, title and address of Stockyard Manager:

Auctioneer: _____ **License Number:** _____

Auction Company: _____ **License Number:** _____

May be required under the Alabama State Board of Auctioneers - <https://auctioneer.alabama.gov/>

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 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:

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 _____



LIVESTOCK MARKET INSPECTION REPORT

Market Name: _____

Address: _____

Premises ID Number _____ Accredited Market Veterinarian _____

	Satisfactory	Unsatisfactory
1. PENS and ALLEYS IN ACCORDANCE WITH AL Code 2-15-64		
A. Adequate and proper facilities, for handling livestock	☐	☐
B. Pens and gates in good state of repair	☐	☐
C. Pens and alleyways clean and dry	☐	☐
D. Pens provide adequate protection from weather and are well drained	☐	☐
E. Scales certified and approved by Weights and Measures (ADAI) annually		
i. Date of last Certification by the ADAI _____	☐	☐
ii. Date of last inspection by service company _____	☐	☐
2. TEST FACILITIES		
A. Chutes and testing equipment, such as head catch, adequate in number and size to handle cattle and hogs.	☐	☐
B. Chutes & testing equipment in proper state of repair	☐	☐
C. Sufficient light for reading tags	☐	☐
D. Market furnishes sufficient help to handle cattle and hogs	☐	☐
3. QUARANTINE PENS IN ACCORDANCE WITH TITLE 9 CFR PART 71.2		
A. Identified as quarantine pen	☐	☐
B. Located in an area so as not to expose other animals	☐	☐
C. Pen can be properly cleaned	☐	☐
4. IDENTIFICATION		
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.	☐	☐
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.	☐	☐



State of Alabama
Department of Agriculture and Industries
Animal Industries Division



United States Department of Agriculture
Animal and Plant Health Inspection Services
Veterinary Services

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

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

Remarks: _____

_____ VMO, AHT, CPS	_____ Stockyard Owner/Manager/Agent
Date _____	Date _____



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PERSONAL FINANCIAL STATEMENT

Name: _____

Address: _____
Street City State Zip

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

ASSETS

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)	\$ _____
---	----------

4. Stocks & Bonds (In My Name – List on Worksheet)	\$ _____
---	----------

A. Government Securities	\$ _____
---------------------------------	----------

B. Listed Securities	\$ _____
-----------------------------	----------

C. Unlisted Securities	\$ _____
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5.	Real Estate (In My Name – List on Worksheet)	\$ _____
	A. Home	\$ _____
	B. Other Real Estate	\$ _____
6.	Cash Value Life Insurance (Do Not Deduct Loans)	\$ _____
7.	Other Assets (Describe)	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total Assets		\$ _____

LIABILITIES

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

FINANCIAL STATEMENT PROVIDED IS A TEMPLATE FOR APPLICATION. ANOTHER FINANCIAL STATEMENT MAY BE GIVEN IN LIEU OF THIS FINANCIAL STATEMENT.

4. Mortgages on Real Estate (Totals Only – List on Worksheet)

A. Home \$ _____

B. Other Real Estate \$ _____

5. Taxes Due \$ _____

6. Loans Against Life Insurance \$ _____

7. Other Liabilities (Describe)

_____ \$ _____

_____ \$ _____

_____ \$ _____

8. Total Debt \$ _____

9. Net Worth \$ _____

Total \$ _____

ENDORSEMENTS AND GUARANTIES

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

OTHER CONTINGENT LIABILITIES

As Bondsman (Describe) _____ \$ _____

For Unsettled Suits and Claims (Describe)

_____ \$ _____

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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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