

STATE OF NEVADA  
DEPARTMENT OF AGRICULTURE  
DIVISION OF LIVESTOCK IDENTIFICATION  
ELKO, NEVADA

APPLICATION FOR PUBLIC LIVESTOCK AUCTION LICENSE  
FEE OF \$150.00 MUST ACCOMPANY APPLICATION

To the Department of Agriculture, State of Nevada:

The undersigned hereby makes the statements contained on this application for the purpose of obtaining a license to conduct the business of a Public Livestock Auction for the period of one year from date of issuance pursuant to the provisions of Chapter 573. Nevada Revised Statutes.

1. Full name of applicant \_\_\_\_\_
2. Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_
3. Principal business address \_\_\_\_\_
4. Location of the establishment for which application is made \_\_\_\_\_
5. Weekly or monthly sales day applied for \_\_\_\_\_
6. State whether an individual, partnership, exchange, association or corporation \_\_\_\_\_
7. Types of livestock to be handled, sold, traded or exchanged \_\_\_\_\_
8. Have you or any members of the partnership, exchange, association or corporation ever been denied or refused a license under the provisions of Chapter 573. NRS ?  Yes  No
9. Have you or any member of the partnership, exchange, association or corporation, within 3 years preceding date of this application, been judged bankrupt?  Yes  No
10. Have you or any member of the partnership, exchange, association or corporation been convicted of a felony?  Yes  No  
If answer is "Yes" give judicial authority \_\_\_\_\_
11. Name and address of bank where "Custodial Account for Consignor's Proceeds" will be established and maintained: \_\_\_\_\_
12. Name and address of person in State of Nevada authorized to accept service of summons:  
\_\_\_\_\_

Application is hereby made for inspection and approval of the following facilities:  
( FOR DEPARTMENTAL USE ONLY )

1. Health inspection \_\_\_\_\_
2. Testing and vaccinating \_\_\_\_\_
3. Quarantine pen \_\_\_\_\_
4. Laboratory \_\_\_\_\_
5. Brand inspection \_\_\_\_\_
6. Weighing scale \_\_\_\_\_

Application is hereby made for determination of required amount of bond:

1. NEW LICENSE: My estimated average monthly gross sales during the first six (6) months of business: \$ \_\_\_\_\_.
  2. RENEWAL LICENSE: My highest average monthly gross sales during a six (6) month period within the past twelve months: \$ \_\_\_\_\_.  
My anticipated average weekly gross sales: \$ \_\_\_\_\_.
- A "LINE OF CREDIT," without limitations, has been established in the amount of \$ \_\_\_\_\_ at:

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Name and address of Nevada bank



**INDIVIDUALS:**

Age \_\_\_\_\_ How many years engaged in the Public Livestock Auction Business? \_\_\_\_\_

Are any assets of your business held as community property? [ ] Yes [ ] No

If "Yes," name of other party \_\_\_\_\_

Do you have an interest in any other business? [ ] Yes [ ] No

If "Yes," explain \_\_\_\_\_

Have you filed Homestead? [ ] Yes [ ] No

**PARTNERSHIPS:**

Date of partnership organization \_\_\_\_\_ Limited or General \_\_\_\_\_

Names of Partners	Address	Original Investments	Present Investments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CORPORATIONS:**

Names of Officers:

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Directors \_\_\_\_\_

In what State Incorporated? \_\_\_\_\_

Date \_\_\_\_\_

Capital Stock Authorized \_\_\_\_\_

Shares Par Value \$ \_\_\_\_\_

Capital Stock Outstanding \_\_\_\_\_

Shares \_\_\_\_\_

Name of persons holding or controlling 20 percent or more of capital stock of corporation:

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

Capital paid in cash \$ \_\_\_\_\_

Capital paid in other than cash (describe) \$ \_\_\_\_\_

**GENERAL INFORMATION:**

Are your books audited by an independent (outside) accountant? [ ] Yes [ ] No

If "Yes," name of accountant \_\_\_\_\_

To what date has U. S. Internal Revenue Department examined your records? \_\_\_\_\_

**IMPORTANT**

(Answer All Questions Pertinent to Your Business on the Reverse Side of This Application and Complete the Financial Statement)

*The undersigned certifies as to the accuracy of the foregoing statements and that the financial statement on page 2 of this application gives a full, true and complete statement of the financial condition of the applicant as of the date stated.*

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Make checks payable to **Department of Agriculture** and mail to:

**NEVADA DEPARTMENT OF AGRICULTURE  
DIVISION OF LIVESTOCK IDENTIFICATION  
4780 E. IDAHO STREET  
ELKO, NEVADA 89801**