

STATE OF NEVADA



DEPARTMENT OF AGRICULTURE
405 SOUTH 21ST STREET
SPARKS, NEVADA 89431
775-353-3601 775-353-3661 Fax

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 the date of issuance pursuant to the provisions of Chapter 573 Nevada Revised Statutes.

1. Full business name and address of applicant: _____

2. Title: _____ Telephone: (____) _____
Fax: (____) _____

3. SSN or Tax ID: _____

4. Location of the establishment for which application is made: _____

5. Weekly or monthly sales day applied for: _____

6. Circle one: Individual Partnership Exchange Association 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 Nevada Revised Statute Chapter 573? _____

9. Have you or any member of the partnership, exchange, association or corporation, within 3 years preceding date of this application, been judged bankrupt? _____

10. Have you or any member of the partnership, exchange, association or corporation been convicted of a felony? _____

If you answered yes to any of the preceding questions, 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: _____

13. Amount of bond \$ _____ Packers and Stockyards policy #: _____

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

1. NEW LICENSE: Estimated average monthly gross sales during the first six months of business. \$_____
2. RENEWAL LICENSE: Highest average monthly gross sales during a six month period within the past twelve months: \$_____.
Estimated average weekly gross sales \$_____.

A *Line of Credit*, without limitations, has been established in the amount of \$_____.
At: _____.

(Name, address and phone number of Nevada Bank)

PARTNERSHIPS:

Circle one: Limited or General

Date of partnership organization: _____

Names of Partners	Address	Original Investments	Present Investments

CORPORATIONS:

Names of Officers:

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Directors: _____

State in which incorporated: _____ Date: _____

Capital Stock Authorized: _____ Shares per value \$_____

Capital Stock Outstanding: _____ Shares _____

Name of person(s) holding or controlling 20% or more of capital stock of corporation:

Capital paid in cash \$_____

Capital paid in other than cash \$_____

Please describe: _____

General Information:

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

Accountant Name: _____

*****Please attach a copy of your financial statement including your assets, liabilities and net worth*****

(FOR DEPARTMENTAL USE ONLY)

- 1. Health Inspection: _____
- 2. Testing and vaccinating: _____
- 3. Quarantine pen: _____
- 4. Laboratory: _____
- 5. Brand Inspection: _____
Brand Inspector Signature: _____ Date: _____
- 6. Weighing Scale: _____
Consumer Equitability Signature: _____ Date: _____
NDA Administrator Signature: _____ Date: _____

IMPORTANT

(ANSWER ALL QUESTIONS PERTINENT TO YOUR BUSINESS ON THIS APPLICATION AND INCLUDE A 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.

State of _____

County of _____

Signature of Applicant: _____ Date: _____

On this _____ day of _____, 20____, personally appeared before me, a Notary Public in and for said County of said State, _____, known to me to be the person(s) described in and who executed the foregoing instrument and duly acknowledged to me that _____ executed the same freely and voluntarily and for all the uses and purposes described therein. IN WITNESS WHEREOF I have thereunto set my hand and affixed my Official Seal that day and year in this certificate first above written.

Notary Public

**Make checks payable to Department of Agriculture and mail to:
NEVADA DEPARTMENT OF AGRICULTURE
DIVISION OF LIVESTOCK IDENTIFICATION
405 SOUTH 21ST STREET
RENO, NEVADA 89431**