



TENNESSEE DEPARTMENT OF AGRICULTURE
DIVISION OF CONSUMER & INDUSTRY SERVICES – ANIMAL HEALTH
P. O. Box 40627, Nashville, Tennessee 37204
Phone: 615/837-5120, Fax 615/837-5250
Animal.health@tn.gov

APPLICATION FOR TENNESSEE LIVESTOCK DEALER LICENSE

Person* to Whom License is to be Issued: _____
 (Must be an individual, corporation, limited liability company, partnership, or other duly formed and recognized legal entity.)

Email Address: _____

Mailing Address: _____
 Street, Route or P.O. Box

 City State Zip Code County

Phone Numbers: _____
 Business Home Cellular

Address where business records are located: _____
 Street, Route or P.O. Box

 City State Zip Code County

LIST NAMES OF BUSINESS PARTNERS and/or CORPORATION OFFICERS: _____

LIVESTOCK THAT IS BOUGHT, RECEIVED OR ASSEMBLED FOR RESALE (Check all that apply):

Cattle ____ Calves ____ Horses ____ Mules ____ Poultry ____ Swine ____ Sheep ____ Goats ____
 and Alternate Livestock (please list) _____

THE FOLLOWING MUST BE ENCLOSED BEFORE A LICENSE WILL BE ISSUED:

- (1). Annual fee of \$25.00, made payable to the Tennessee Dept. of Agriculture and sent to the address at top of form.
- (2) Proof the applicant has met bonding requirements of 9 C.F.R. 201.

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

 Name and Title of Applicant (Please Print) Signature of Applicant Date

Licenses are valid from July 1 through June 30