

LIVESTOCK MARKET LICENSE APPLICATION



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

LIVESTOCK MARKET NAME: _____

PERSON, CORPORATION, LLC, OR PARTNERSHIP TO WHOM THE LICENSE IS TO BE ISSUED: _____

EMAIL ADDRESS: _____

PHYSICAL ADDRESS OF MARKET MAILING ADDRESS OF MARKET (if different)

Street or Route

Street or Route

City, State, Zip Code

City, State, Zip Code

MARKET PHONE NUMBER(S): _____

NAME(S), ADDRESS (ES), AND PHONE NUMBER(S) WHERE OPERATOR(S) CAN BE REACHED AT ALL TIMES (use back of form if additional space needed):

Name

Name

Street or Route

Street or Route

City, State, Zip Code

City, State, Zip Code

Phone Number(s) (home and cellular, if applicable)

Phone Number(s) (home and cellular, if applicable)

DESCRIPTION OF MARKET (type of construction, square footage under roof, number of pens, etc.): _____

REGULAR SALE DAY(S) AND TIME(S): _____

OTHER SALES AND DAY(S) CONDUCTED: _____

TYPE(S) AND ANNUAL VOLUME OF LIVESTOCK TO BE SOLD (Volume to be based on past annual sales. If no past sales, then good faith projection of sales for next calendar year):

CATTLE: _____ EQUINE: _____ HOGS: _____ GOATS _____

SHEEP _____ OTHER/ALTERNATIVE LIVESTOCK (specify): _____

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

- (1) Annual fee of \$100.00, made payable to the Tennessee Dept. of Agriculture and sent to address at top of form.
(2) Proof the applicant has met bonding requirements of 9 C.F.R. 201
(3) Copy of current, valid property and fire insurance for market.

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

Signature*

Title (if applicable)

Date

*Must be an individual person or person authorized to bind corporation, partnership, Limited Liability Company or other legal entity.

LICENSE IS VALID FROM JULY 1 THROUGH JUNE 30