



STATE OF NEW HAMPSHIRE
DEPARTMENT OF AGRICULTURE, MARKETS & FOOD
DIVISION OF ANIMAL INDUSTRY
603-271-2404



Renewal Application for Livestock Dealer's License

Application is hereby made for a livestock dealer's license and fees as required under RSA 427 and Rules and Regulations promulgated therein are enclosed. All licenses expire annually on April 30.

Business Name of Applicant	Owner's Name
Business Address	Resident Address
Business Telephone	Resident Telephone

List names and addresses of all NH licensed agents or persons handling livestock for the dealer.

Names	Addresses
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Type or Activity _____ Buying, Selling and/or Transporting.
 _____ Transporting Only.
 _____ Operating a livestock auction or sales ring.

List other states in which you are licensed to deal in livestock:

Are you licensed under the USDA Packers & Stockyards Act? _____

Has your livestock dealer's license ever been suspended or currently under suspension in another state? _____. If yes, give detailed explanation as to where, why, when, etc.

Has your livestock dealer's license ever been revoked? _____

If yes, give a detailed explanations as to where, why, when, etc. _____

(See RSA 427 and Rules adopted thereunder.)

List license numbers and description of all trucks or other conveyances used in the transportation of livestock. A permit will be issued for each vehicle used.

License No.	Make	Description	License No.	Make	Description

List all trucks and/or tractors - but do not list trailers.

A livestock dealer must keep a copy of the license in his possession, and the "Permit" shall be attached to each truck or other conveyance used for the transportation of cattle, sheep, goats, swine, horses and other equidae.

Fees: License - \$50.00; Permit for each truck/tractor - \$5.00.

Make check payable to: Treasurer, State of New Hampshire

Submit with this application to: Division of Animal Industry
P.O. Box 2042
Concord, NH 03302-2042. (Do Not Send Cash)

Amount enclosed \$_____. Note: ***License fee is not refundable if application is denied.***

This is to certify that I and/or any agents acting on my behalf shall abide by the provisions of RSA 427 and RSA 436 and Rules and Regulations so promulgated.

All new license applications must be accompanied by a copy of an official State of NH background check.

Date Signature of Applicant

For additional space; use space below or attach additional sheets.

FOR OFFICE USE ONLY:

Date Application received:_____ Amount of check:_____
Background findings:_____ Application Approved:_____
License Issued: _____

Remarks:_____
