

502-573-0282 www.kyagr.com

APPLICATION FOR LIVESTOCK DEALER LICENSE

If this application is for a new dealer, please indicate here: \square NEW

Name:	Current KY License # (if applicable): 61DL			
Physical Address:				
Physical City/State/Zip:			County:	
			Fax:	
Mailing City/State/Zip:			County:	
Email Address:				
I am a: 🛘 Market			Agency-Buying on Commission cker Buyer	
If a clearee, please provide na	ame of clearing agent:			
Please list name, address and	*attach addit	ional page, if needed	oyees that buy/sell on your behal	f below.
2.				
3.				
4				
5				
-	n completed registration wit led the required bond or bor		•	
	ype of Animals to be hand			
Cattle Slaughter Swine	All Class Swine S	heep Horses	Goats Poultry Ca	amelids
Bond or Bond Equi	valent Information (attach	copy of all Bonds o	r other Financial Instruments) *Required (update	
Issued By:		1		
Amount of Bond/Bond Equi	valent:	Renewal Date or	r Premium Due Date:	
Associated Stoc	kyard Information (where	e you purchase/sell):	*attach additional page, if needed	
	Stockyard Name		City	
			money order payable to KENTUCI alth, 109 Corporate Drive, Frankfort,	
I,	regulations now in effect and oth	above statements are true ners that might become ef	and correct to the best of my knowleds ffective later. I certify that I have comp	ge and I wil
Signature		 Date		