



**SD ANIMAL INDUSTRY BOARD**  
 411 South Fort Street  
 Pierre, South Dakota 57501-4503  
 Phone: (605) 773-3321  
 Fax: (605) 773-5459

**AUCTION AGENCY  
 LICENSE RENEWAL APPLICATION**

**RECEIPT  
 LICENSE**

The undersigned hereby makes application for renewal of his license to engage in the business of a Livestock Auction Agency in conformity with the provisions of Chapter 40-15 of the South Dakota Code of Law and declares that the following information is correct:

Please print or type all information:

1. Legal Name of Licensee: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Contact Manager: \_\_\_\_\_

(Name) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ (  Business  Home  Cell  Fax  Pager )

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ (  Business  Home  Cell  Fax  Pager )

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ (  Business  Home  Cell  Fax  Pager )

3. Business Structure: (a) Individual (b) Partnership (c) Cooperative Association (d) Corporation (e) Other

4. Ownership:

Name	Address	Ownership Share & Interest

5. Total Dollar Amount of Livestock Sold for Commission (Last 12 months) \$ \_\_\_\_\_ Number of Sales \_\_\_\_\_

6. Amount of Bond, CD, or Letter of Credit \$ \_\_\_\_\_ Surety \_\_\_\_\_

7. Veterinary Inspector: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

8. Day(s) of Sale (circle all that apply): M Tu W Th F Sat Sun

Special Sales (please describe): \_\_\_\_\_

9. Schedule of Veterinary Inspection Fees to be Charged for each Species Sold at Applicant Agency:

Hogs \$ \_\_\_\_\_ Cattle \$ \_\_\_\_\_ Horses \$ \_\_\_\_\_ Sheep \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**REQUIREMENTS:**

**ATTACH:**

**I. Personal Financial Statements For Each Owner/Shareholder**

- a. Must be within 12 months preceding application date
- b. Must be on enclosed form supplied by the Animal Industry Board prepared on a fair market value basis

**II. Compiled Balance Sheet and Income Statement of the Business Entity**

- a. Must be within the 12 months preceding application date and prepared by a Certified Public Accountant or other individual skilled in the preparation of financial statements in accordance with generally accepted accounting principles.

ATTACH: Copy of Current **Tariff Schedule** in effect for the Auction Agency

ATTACH: Copy of Current **P & S Annual Report of Market Agency** (Form P&SP-3003)

ATTACH: Copy of Current **P & S Status of Custodial Bank Account For Shippers; Proceeds – Specail Report** (Form P&SP7001)

ATTACH: **\$100.00** Check or Money Order. Payable to: South Dakota Animal Industry Board

10. I declare and affirm under the penalties of perjury that this claim (petition, application, and information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

As a further requirement for licensing I agree to immediately notify the South Dakota Animal Industry Board by telephone, and in writing upon any occurrence of a check or other payment document issued by me as the licensee not being immediately paid by the banking institution said check or payment document was issued on.

I further hereby authorize the banking institution handling any or all funds involved in activities as licensee to release any related financial information directly to the South Dakota Animal Industry Board upon the South Dakota Animal Industry Board's request.

11. I authorize the South Dakota Animal Industry Board to share any information and records regarding the agency applying for this license and any of its ownership, management, or employees with USDA, P & SA.

\_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_  
(Authorized Signature of Applicant)

- 12 Auction Agencies are requested and encouraged to report "red flags" related to livestock dealers and auction agencies which may be suggestive of financial problems by calling the Animal Industry Board.

13. \_\_\_\_\_(name of bank holding custodial account) agrees to immediately report by telephone or fax, any insufficient funds payment vehicles that are not immediately honored and/or any hold or freeze action on the custodial account of

\_\_\_\_\_  
(Auction Agency)

\_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_  
(Authorized Signature of Representative of  
Bank holding custodial account)