

# MONTANA DEPARTMENT OF LIVESTOCK APPLICATION FOR MONTANA LIVESTOCK DEALER LICENSE

BRANDS ENFORCEMENT DIVISION  
P.O. BOX 202001  
HELENA, MT 59620

Applicant: Please print or type

1. Name of Entity to be Licensed (individual or firm)		
2. Mailing Address		3. Street Address (if different from mailing address)
4. City	5. State	6. Zip
		7. Telephone Number (include area code)
8. Species of Livestock Handled <input type="checkbox"/> Cattle <input type="checkbox"/> Horses and Mules <input type="checkbox"/> Sheep and Goats <input type="checkbox"/> Swine		9. Email Address (if applicable)
10. Type of Organization (mark the appropriate box) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Other (specify):		
11. If Entity is a Corporation or Association, Designate State of Incorporation:		11 a. Date Incorporated
12. Owners, Partners or Offices (Name and Title)	Social Security Number	Mailing Address
13. Principal Place of Business Activity – Stockyards, Auction Markets, Others		
14. If Licensed Previously, Name that the License was Issued Under		
15. Livestock Dealer's Accounting Period <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year: _____ to _____		16. Bank Where Business Accounts are Held: _____ Bank Officer: _____ City: _____ State: _____ Zip: _____
I understand that as a livestock dealer, I shall maintain records that disclose all purchases and sales of livestock. I understand that as a livestock dealer, I shall, at all reasonable times, give the department access to and let the department copy any of the records relating to my business, as provided by Sec. 81-8-278(MCA).		
The statements herein are made in full knowledge of the provisions of Sec. 45-7-203(MCA) which make it a criminal offense to make a willfully false statement or misrepresentation, to any Department or Agency of the State of Montana, as to any matter within its jurisdiction.		
Signature of Owner, Partner, or Responsible Officer	Title	Date

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_

# MONTANA DEPARTMENT OF LIVESTOCK APPLICATION FOR MONTANA LIVESTOCK DEALER LICENSE (Continued)

To The Department of Livestock  
Brands Enforcement Division Administrator:

I hereby state that I am fully aware and I do willingly accept full responsibility for all transactions, financial or otherwise, made or entered into, by the following person(s) while acting as an agent for me. I will inform the following agents listed below that they will conduct all transactions under the name of the Entity to be licensed as listed on page 1, part 1. Furthermore, I will send all required information to the Packers & Stockyards Administration (at the times required by Packers & Stockyards) concerning the activities of all agents so that the bond amount for the entity (as listed on page 1, part 1) can be determined correctly.

**Livestock Dealer Agents: A licensing fee is required for each Livestock Dealer Agent**

Name of Agent	Social Security Number	Mailing Address & Phone Number

**All information, concerning the agents listed above, is required to process their license**

Name of Licensed Dealer (from page 1, part 1): \_\_\_\_\_

Signed: \_\_\_\_\_  
(Owner, Partner, or Responsible Officer)

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_