



# Michigan Department of Agriculture & Rural Development

AH-047 (Rev 11/12)

P.O. Box 30776, Lansing, MI 48909-8276 • 517-284-5771

In accordance with 1937 PA 284, as amended.

## Livestock Dealer License Application

License Year Ending: \_\_\_\_\_ Status:  New  Renewal

If Renewal, License No. of Establishment: \_\_\_\_\_

### Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_

Business Email: \_\_\_\_\_

Mailing address if different from above: Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Blank Space  
For Official Use Only

### Corporate/Owner Information

Ownership Type:  Corporation  Sole Ownership  Partnership  L.L.C.  Other: Specify \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Owner/President (CEO) Name: \_\_\_\_\_

Street Address of Corporation or Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Federal/Tax ID #

### License Fees

**Class I** (Livestock Auction) **\$400**

**Class III** (Dealer, Broker, Agent, Collection Point) **\$50**

**Class II** (Buying Station) **\$250**

**Class IV** (Trucker) **\$25**

All four classifications are under AOBJ: 0217

Payment Method: Check/Money Order No. \_\_\_\_\_ Amount enclosed: \_\_\_\_\_

**Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name here: \_\_\_\_\_

Title: \_\_\_\_\_

Application continues  
on page 2 of this form

