

MISSOURI DEPARTMENT OF AGRICULTURE DIVISION OF ANIMAL HEALTH

## MARKET/SALE LICENSE APPLICATION

	OF AGRICULTURE AND SEND TO: M			ANIMAL HEALTH DIVISION, PO BOX 630,		
MARKET INFORMATION						
LEGAL NAME OF MARKET		DBA NAME				
PHONE NUMBER AT MARKET	FAX NUMBER	EMAIL				
MAILING INFORMATION (DO NO		ADDRESS WHERE	MARKET/SALE I	S HELD)		
NAME OF FACILITY WHERE MARKET/SALE IS H		MAIL ATTENTION TO				
ADDRESS WHERE MARKET/SALE IS HELD	MAILING ADDRESS	MAILING ADDRESS				
CITY/STATE/ZIP WHERE MARKET/SALE IS HEL		ADDRESS (CITY/STATE/ZIP)				
OWNER AND MANAGER INFOR NAME OF MARKET/SALE OWNER	IMATION	NAME OF MARKET/S	ALE MANAGER			
		NAME OF MARKET/SALE MANAGER				
ADDRESS		ADDRESS				
ADDRESS		ADDITEOG				
	CITY/STATE/ZIP		CITY/STATE/ZIP			
PHONE	EMAIL	PHONE		EMAIL		
TYPES OF ANIMALS HANDLED						
	SHEEP	GOATS		POULTRY		
SALE DAYS AND TIMES	HANDLE EQUINE- <b>WILL</b> HANDL	E L EQUINE-WILI	L HANDLE EIA REACTO	DRS OR EXPOSED		
PLEASE LIST THE DAY, FREQUENCY, TIMES AN	ND SPECIES SOLD FOR YOUR MARKET					
VETERINARIAN INFORMATION:						
VETERINARIAN(S) NAME	LIST EACH VETERINARIAN & TYPE OF LIV	AGREEMENT CODE	SPONSIBLE FOR	LICENSE #		
VETERINARIAN(S) NAME	AGREEMENT CODE		LICENSE #			
BUSINESS INFORMATION NAME OF BUSINESS		IERS/FIRM CO-		DWNERSHIP		
ADDRESS		IN WHAT STATE ORGANIZE				
ADDRESS		IN WHAT STATE ORGANIZE	D OR INCORPORATED			
PRINCIPAL OFFICE OR PLACE OF BUSINESS						
PRESIDENT S NAME AND ADDRESS						
SECRETARY S NAME AND ADDRESS						
MO 350-0493 (12-09) **	PLEASE COMPLETE BOTH SI			N**		

BOND INFORMATION (SATISFACTORY SU	JRETY MUST BE M		1				
NAME OF BONDING INSTITUTION		BOND NO.	AMOUNT OF BOND	EFFECTIVE DATE			
OWNER S REQUIREMENTS AND RESPONSIBILITIES							
As a market/sale licensee I/we agree to	comply with the follo	owing regulations:					
<ol> <li>Furnish an annual record of each cla April 15.</li> </ol>	ass of animal and to	tal dollar volume per mont	n for the previous 12 mon	ths no later than			
2. Publicly post current license.							
3. Provide veterinary inspection (if required) of all animals offered for sale.							
<ol> <li>Permit duly authorized representative to review/inspect all phases of the market/sale operation, including but not limited to, facil- ities, and records. Pursuant to RSMo 277.190.</li> </ol>							
<ol> <li>Maintain structurally safe and sanita premise used in the connection with confinement of small calves, feeding</li> </ol>	animals. Disinfect a	reas as needed. Clean afte	-				
6. Prohibit person(s) from altering or substituting testing information on any official form or removing or tampering with or cause the removal of or tampering with any identification required to move the animal interstate, intrastate or through the market/sale.							
7. Release no animals from market/sal	e until all of Missouri	or state of destination reg	ulations are met.				
I further agree to comply with all animal procedures used for the control of disea	-	ulations pertaining to the m	ovement of animals, anima	al well-being and			
MARKET/SALE OWNER SIGNATURE			DATE				
DISTRICT VETERINARIAN SIGNATURE (NEW MARKET		DATE					
STATE VETERINARIAN APPROVAL SIGNATURE		DATE					
FOR OFFICE USE ONLY							
	ECEIVED						