

20 NEW APPLICATION FOR LIVESTOCK DEALER AND DEALER AGENT LICENSE Minn. Stat. § 17A.04

The data on this form will be used to process your application. You must provide your Minnesota Tax ID number. If you do not have one, you must provide your social security number (MS Sec 270C.72). We are required by law to collect this information and we cannot grant your license without it. No one will have access to your social security number except those permitted access by law, your written consent, court order, or those department employees whose job duties require access. If you are unsure if you need a Minnesota Tax ID, contact the Minnesota Department of Revenue at www.taxes.state.mn.us.

Legal Company Name:			MN Tax ID or if none, Social Security Number:		
DBA (if different):			Mailing Address (if different) :		
Street Address:			Name:		
City:	State:	Zip Code:	Address:		
County:	Company Telephone:	City:	State:	Zip Code:	

Workers' Compensation:
 Do you have any paid or otherwise compensated employees in Minnesota? Yes No If yes, complete the following information:
 Insurance Company Name: _____ Effective Date: _____
 Policy #: _____ Expiration Date: _____
 You must provide acceptable evidence of compliance with the Workers' Compensation Insurance Law (MS Sec 176.182). If you are self-insured, attach a copy of the exemption order from the Commissioner of Commerce authorizing self-insurance. For questions, contact the Minnesota Department of Labor and Industry at www.doli.state.mn.us.

MINNESOTA STATUTES, Section 17A.04, Subd. 3 provides as follows: "Each new applicant for a license to operate as a livestock market agency or livestock dealer shall file with the application a current balance sheet and financial statement and shall with each subsequent annual renewal application file a report of the business volume for the preceding calendar or fiscal year on a form prescribed by the commissioner, which report shall be for the purpose of determining the amount and adequacy of the applicant's bond. The commissioner may at any time require an applicant or licensee to submit a current balance sheet and financial statement if the commissioner deems it necessary for the protection of the public."
 Completed Balance Sheet on pages 3 and 4 Current Financial Statement Attached

Are you currently registered with USDA Packers and Stockyards Administration? Yes No

Do you hold a current bond, letter of credit or other financial instrument? Yes No

If you answered no to either one of these questions please contact the livestock licensing section at the Minnesota Department of Agriculture at (320)634-7354 before submitting your application.

Application Fees PLEASE LIST AGENT LICENSE INFORMATION ON PAGE 2 OF THIS FORM. Complete the table below based on number of Agents listed on Page 2. If you are the dealer and have no other employees, you do not need to apply for or pay for an agent's license for yourself. An agent is an employee working for you.

Fee Type	Number	License Fee	Amount Due	
Dealer License Fee	1	X \$100.00	\$100.00	600451(3100)
Agent License Fee		X \$ 50.00	\$	600453(3100)

Return this form with your check made payable to:
 MINNESOTA DEPARTMENT OF AGRICULTURE
 Attn: Cashier
 625 Robert Street North
 Saint Paul, MN 55155-2538
Licenses are not transferable and fees are not refundable.

Total Amount Due \$ _____

I hereby certify that the information contained in and submitted with this form is true and correct.

Signature: _____ Date: _____

Name (Please print): _____ Title: _____

Contact Telephone: _____ Fax Number: _____

E-mail Address: _____

For Office Use Only

LIVESTOCK DEALER AGENT LICENSE APPLICATION

LIVESTOCK DEALER COMPANY NAME: _____

AGENT LICENSES (Period of July 1 to June 30)

LIVESTOCK AGENT FEE \$50.00 PER AGENT

The persons named below are hereby designated and appointed to act as applicant's agents. The Commissioner is hereby requested to issue each of them an agent's license.

Livestock Dealer Agents 600453(3100)

License Number	Agent Name

You may photocopy this page if additional space is needed.

BALANCE SHEET FOR LIVESTOCK DEALER LICENSE

As of _____

ASSETS

A. CURRENT ASSETS

- 1. Cash on hand or in banks.....
- 2. Inventories:
 - a. Livestock.....
 - b. Feed.....
 - c. Merchandise and supplies.....Total Inventories.....
- 3. Accounts Receivable
 - a. One year old or less.....
 - b. More than one year old.....
 - c. Less allowance for bad accounts.....Total Accounts Receivable.....
- 4. Notes Receivable (due within one year).....
- 5. Other Current Assets (prepaid expenses and interest receivable).....
- Total Current Assets.....

B. INVESTMENTS

- 1. Real estate.....
- 2. Stock and Bonds.....
- 3. Other Investments.....
- Total Investments.....

C. FIXED ASSETS USED FOR STOCKYARD PURPOSES

- 1. Land.....
- 2. Buildings, structures, machinery and equipment.....
- Less depreciation allowance.....
- Total Fixed Assets.....

D. OTHER ASSETS

- 1. Notes receivable (not due within one year).....
- 2. Other assets.....
- Total Other Assets.....

E. Total Assets.....

LIABILITIES

F. CURRENT LIABILITIES

- 1. Checks outstanding.....
- 2. Accounts Payable:
 - a. Due to trade.....
 - b. Due to suppliers.....
 - c. Due to officers and employees.....
 - d. General accounts payable.....
 - e. Interest.....
 - f. Taxes.....
- Total Accounts Payable.....
- 3. Notes, mortgages, and chattels due within one year (including payment on long-term debts due within one year).....
- 4. Other Payables.....
- Total Current Liabilities.....

G. LONG TERM LIABILITIES

- 1. Notes, mortgages, chattels and bonds payable (excluding payments due within one year included in line F3 above).....
- 2. Other (explain).....
- 3. Other Investments.....
- Total Long Term Liabilities.....

H. TOTAL LIABILITIES.....

OWNERS EQUITY

I. IF INCORPORATED

- 1. Common Stock.....
- 2. Preferred Stock.....
- 3. Retained Earnings.....

J. IF UNINCORPORATED

- 1. Owner's Capital.....

K. TOTAL OWNER'S EQUITY.....

L. TOTAL LIABILITIES AND OWNER'S EQUITY.....

I certify that the balance sheet above has been prepared by me or under my direction, and that to the best of my knowledge and belief, said balance sheet correctly reflects the assets and liabilities of the reporting person or firm.

Signature: _____ Title: _____ Date: _____ Firm Name: _____