

### Application for Small Dealer

New Applicant  Renewal

Application type:  Dealer  Slaughtering Plant (Est. #) \_\_\_\_\_

Name of applicant to be licensed: \_\_\_\_\_ Doing business as: \_\_\_\_\_

SS/Tax ID #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Type of organization:  Assoc.  Corp.  Partnership  Individual  LLC  LLP  Other (specify) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 (If different from mailing address)

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Email: \_\_\_\_\_

If applicable, list partners or if corporation, give names, titles, and addresses of officials and date of incorporation and state of origin where incorporated:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_ State where incorporated: \_\_\_\_\_

Will the applicant have any employee(s) working on their behalf?  Yes (please fill out an E-1 form and submit employee fee)  No

IF THIS IS A RENEWAL APPLICATION PLEASE LIST THE NUMBER OF HEAD HANDLED DURING PRECEDING CALENDAR YEAR:

Species	Total number purchased in Ohio for own accounts and the accounts of others:	Total number sold in Ohio:
Cattle		
Veal Calves		
Sheep & Lambs		
Goats		
Swine & Other Suidae		
Horses & Other Equidae		
Poultry		
Alpacas & Llamas		
Total		

DATE RECEIVED STAMP  
FOR OFFICE USE ONLY

The forgoing statements concerning the business of the applicant are, to the best of my knowledge and belief of the applicant, true and correct. I (we) agree to keep records for a period of sixty months or longer of the name and address of each person from whom I (we) acquire an animal and to whom the animal was disposed. The record will show the individual ID of each animal at the time of acquisition and disposal pursuant to section 943.14 (B) of the Ohio Revised Code. I (we) also agree to permit the Ohio Department of Agriculture, or any of its authorized agents, to inspect my (our) records at any time pursuant to section 943.14 (A) of the Ohio Revised Code.

Date application made: \_\_\_\_\_

FOR OFFICE USE ONLY

Signature of the applicant or one authorized to sign \_\_\_\_\_

Has any applicant(s) on this application ever been convicted of a felony?

Yes  No

Fee for new applicant or renewal license..... \$25.00 per annum

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES

REFERENCES MAY BE REQUIRED BY THE OHIO DEPARTMENT OF AGRICULTURE

APPROVED	_____
CHECK #	_____
DATE OF CHECK	_____
AMOUNT OF CHECK	_____
SMALL DEALER LICENSE #	_____
WEIGHER LICENSE #	_____
ISSUED DATE	_____

**PAYMENT REQUIRED: \$25 PER APPLICATION, CHECK OR MONEY ORDER ONLY, PAYABLE TO THE OHIO DEPARTMENT OF AGRICULTURE**

Payment method:  Check # \_\_\_\_\_  Money Order \_\_\_\_\_