

Governor

Wyoming Livestock Board

"To represent and serve Wyoming's livestock industry through protecting livestock health and verifying livestock ownership."

1934 Wyott Drive, Cheyenne, Wyoming 82002-0051
Phone: (307) 777-7515 ■ Website: http://wlsb.state.wy.us



Steve True Director-Chief Executive Officer

Hallie Hasel, DVM-State Veterinarian

Wyoming Livestock Sale License Application Revised January, 2021

Livestock Sale Name: Sale to be Held on (dates):

Time of sale: **Livestock Sale Physically Located at:** Address: _____ Town: ____ County: ____ **Livestock Sale Mailing Address:** Address: Town: Zip Code: Phone: (____) _____ Email: _____ Fax: (___) _____ **Organization Structure:** Please indicate the structure: ___ LLC ___ Individual ___ Corporation ___ Partnership ___ Association Majority owner of livestock sale organization: Name: _____ Address: ____ Town: ______ Zip Code: _____ Phone :(____) ____ Cell Phone: (____) _____Fax: (____) _____Email: _____ Operating partner of livestock sale organization: Name: _____ Address: ____ Town: _____ Zip Code: ____ Phone: (____) Cell Phone: (____) _____ Fax: (_____) ____ Email: _____ Operating partner of livestock sale organization: Name: ______ Address: _____ Town: _____ Zip Code: _____ Phone: (____) ____ Cell Phone: (____) _____ Fax: (____) ____ Email: _____ Manager of livestock sale: Name: Phone: () Cell Phone: () Email:

Species of Anin	nals to be So	ld:					
Bison:	Bovine:	Caprine:]	Equine:	Ovine	:	Swine:
Prior year Sale	Numbers:						
Bison:	Bovine:	Caprine:]	Equine:	Ovine	:	Swine:
Livestock Sale	Veterinaria	n:					
Name:			Addre	ss:			
Town:		Zip	Zip Code: _		Phone:	()_	
Cell Phone: ()	Fax: ()		Email:		
Livestock Sale	Brand Inspe	ector:					
Name:			Address:				
Town:		Zip Code:			Phone: ()		
Cell Phone: ()		Fax: (Fax: ()		Email:		
Sale Fees Char	_						
Commission fees	Bison	Bovine (Caprine	Equine	Ovine	Swine	
Yardage fees							
Feed fees							
Insurance fees							
Health inspection fe	ees						
Brand inspection fe	ees						
Other:							
Bonding Requi Pursuant to §11-2 bonding requirem of 1921 and the requirements have	22-107, the Wyonents of §11-22- e Board has re	107 (b) have b	een met i	n accordan	ce with the l DA/GIPSA/	Packers a P&SP th	nd Stockyards Ac
Bonding/financ	Bonding/financial company:		Document/Bond #:				
Address:			Town	:		Zip:	
Phone: ()	·	Fax: (_)		Bo	ond amou	int: \$

License Fee Requirements:

Pursuant to \$11-22-104, the Wyoming Livestock Board may not issue a livestock market/sale license until the fee requirements of \$11-22-107 have been paid. The fee is one hundred dollars (\$100.00) from May 1 through September 1 of each year. From September 2 through April 30 of each year, the fee is \$8.33 per month from the month of application through April 30.

Compliance with State Statute, Code of Federal Regulations and Agency Rules: Are you familiar with all of the provisions of Title 11, Chapter 22 state statutes dealing with livestock markets, applicable federal code and all applicable rules issued and promulgated by the Wyoming Livestock Board regarding livestock markets, animal import and brand inspection and do you agree to be bound by the aforementioned?YesNo (please initial your response)								
Signature of Applicant:								
The undersigned herby declares that the in understood that the information provided is market or sale license. (All parties with any finance)		Tying for a Wyoming livestock						
Applicant:	Date:							
Applicant:	Applicant: Date:							
Applicant:	Date:							
Signature of Sale Veterinarian: The undersigned hereby declares that they state statutes dealing with livestock mark promulgated by the Wyoming Livestock Veterinarian responsibilities. Do you agree to be bound by the aforement	ets, applicable federal code and a Board regarding livestock market	ll applicable rules issued and						
Veterinarian:								
Office use only:								
Date application received:	Date bond information rec	Date bond information received:						
Method of payment:	Amount:	Check #:						
Date license issued:	By:							
GPS coordinates:	Date of physical visit:	By:						
Wyoming State Veterinarian Approval: _		Date:						

Wyoming Livestock Board Director/CEO Approval: _______Date:_____

Comments: