LOUISIANA DEPARTMENT of AGRICULTURE & FORESTRY
MIKE STRAIN, DVM *Commissioner*

OFFICE OF ANIMAL HEALTH & FOOD SAFETY
5825 Florida Boulevard, Suite 4000
Baton Rouge, LA 70806
(225) 925-3980

LIVESTOCK DEALER PERMIT RENEWAL FORM

The Louisiana Livestock Dealer Law (R.S. 3:561-573) and regulations (LAC 7:XXI.305) require Livestock Dealer Permits to be renewed annually.

SECTION 1 – DEALER INFORMATION

BUSINESS NAME:_____

D/B/A:_____

MAILING ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

PHYSICAL ADDRESS OF APPLICANT:_____

CITY:_____ STATE:_____ ZIP CODE:_____

CONTACT NAME:

☐ MR. ☐ MS. ☐ MRS.

FIRST:_____ PARISH:_____

MIDDLE:_____ BUSINESS PHONE:_____

LAST:_____ EMAIL:_____

SUFFIX:_____

PLEASE INDICATE ANY CHANGE IN NAME AND ADDRESS OF ALL PERSONS HAVING ANY FINANCIAL INTEREST IN BUSINESS:

1. NAME:_____

   ADDRESS:_____

   TITLE AND OWNERSHIP INTEREST (%)_____
2. NAME:_____

   ADDRESS:_____

   TITLE AND OWNERSHIP INTEREST (%)_____
3. NAME:_____

   ADDRESS:_____

   TITLE AND OWNERSHIP INTEREST (%)_____

NOTE: IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SUPPLEMENTAL LIST.

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SIGNATURE

I hereby verify and affirm that the information contained in this application is true and accurate. I understand that if LDAF later determines that any of the information in this application is false or inaccurate, the charter may be withheld or revoked.

Printed Name of Livestock Dealer: _____ Date: _____

Signature of Livestock Dealer: _____

For Office Use Only

Steps Completed

☐ Renewal received on: _____

Licensing Status

☐ Renewal approved by LDAF on: _____

Notes:

_____

_____