

VT Agency of Agriculture, Food & Markets  
Animal Health Section  
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[www.vermontagriculture.com](http://www.vermontagriculture.com)

For Office Use Only:  
Date Received: \_\_\_\_\_  
License No.: \_\_\_\_\_  
License & Plate Issued: \_\_\_\_\_

## Livestock Packer Application

**Business Name and Mailing Address:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
\_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Premises Registration No.:** \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_

I hereby make application for a **Livestock Packer** license as required by Title 6 V.S.A., Chapter 63 Vermont Statutes as amended to the purchase and transport of livestock in my slaughter facility. **License period begins July 1 and ends June 30 of the following year.** I hereby agree payment in full will be made to the seller not later than 72 hours following the sale of animals. **I do not buy livestock for resale.** This application is accompanied by a Surety Bond in the amount of \$\_\_\_\_\_ or Continuation Certificate for an indefinite term bond as prescribed in Title 6 V.S.A, Chapter 63, Section 764 as amended in 1989. In lieu of a surety bond, the Secretary may accept a federal packer and stockyards administration trust agreement, or an irrevocable letter of credit.

Packers License Fee: \$100.00      Packers Plate Fee: \$2.50 (New or replacement plate, sticker included)  
OR  
Packers Sticker Fee: \$2.50 (For existing plate sticker only)

**List the plate numbers you presently have, if any, and the number of vehicles used in transporting livestock:**

\_\_\_\_\_  
\_\_\_\_\_

Please send fee for \_\_\_\_\_ packer plates (one for each vehicle) or renewal fee along with the \$100.00 fee for a livestock packer's license. All trucks, trailers, or other conveyances used by livestock packers to transport livestock must be accompanied by a copy of the license and livestock packer's number plate. Packer's plate must be attached to the rear of each vehicle.

Applicant is ( ) sole proprietor ( ) partnership ( ) corporation

Please list names and addresses of all officers and directors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the location and addresses of all plants, farms and facilities owned or operated by the applicant. If facilities are utilized, which are not owned by the applicant, state the owner or who is leasing on behalf of the applicant. List the names and addresses of all agents or persons handling livestock for the applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What other states or countries are the applicant currently licensed to do business in as a packer of livestock?

(over)

Has the applicant, or any of his agents, ever done business as a packer of livestock under a different name?

Yes \_\_\_\_ No \_\_\_\_ If Yes, please provide details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the applicant a representative of another person or business entity whose livestock packer's license was suspended or revoked by any state, including Vermont, or any foreign country? Yes \_\_\_\_ No \_\_\_\_ If Yes, please provide details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state whether or not, the applicant, any person or business represented by the applicant, agent of the applicant, or anyone involved in the applicants business has ever been convicted of violating statutes or regulations of any state or the federal government pertaining to the sale or transportation of livestock, or the control of livestock diseases.

Yes \_\_\_\_ No \_\_\_\_ If Yes, please provide details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Secretary of Agriculture, reserves the right to request such further information as he deems necessary to act upon the applicants request for a livestock packers license. I have been provided with and understand Rules Governing the Importation of Domestic animals and Duties of Dealers 6 V.S.A. Chapter 63, Section 768. I hereby swear that the foregoing information and any information attached to this application is true and accurate to the best of my knowledge and that I am in good standing with respect to all taxes due to the State of Vermont.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ SS or FED ID#: \_\_\_\_\_  
(required)