

State of New York
 Department of Agriculture and Markets
 Division of Animal Industry
 10B Airline Drive
 Albany, NY 12235

APPLICATION FOR A DOMESTIC ANIMAL HEALTH PERMIT

<p>FEE: \$50.00</p>	<p>Check the appropriate box(s) below and provide all other required information. Incomplete applications will be returned. Please attach additional sheets if necessary. Please make sure application and supplement AI-22A, if included, are properly completed. The undersigned hereby applies for a Domestic Animal Health Permit for a 2 year permit period to operate pursuant to Article 5 of the Agriculture and Markets Law: <input type="checkbox"/>cattle dealer, <input type="checkbox"/>horse dealer, <input type="checkbox"/>deer dealer, <input type="checkbox"/>camelid dealer, <input type="checkbox"/>sheep dealer, <input type="checkbox"/>swine dealer, <input type="checkbox"/>goat dealer, <input type="checkbox"/>poultry dealer, <input type="checkbox"/>equine rescue, <input type="checkbox"/>livestock rescue, <input type="checkbox"/>as an operator of an auction market at which cattle and/or horses are sold, <input type="checkbox"/>as an auctioneer selling cattle and/or horses, <input type="checkbox"/>as a dealer in or transporter of live poultry. Make check or money order payable to Department of Agriculture and Markets and mail to the above address.</p>
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1. APPLICANT

Name of Applicant	Tradename (if any)		
Main (Physical) Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Social Security # or Fed ID#	Email address:		
Business Phone:	Cell Phone:		

1a. IF APPLICANT IS AN INDIVIDUAL

Home Address (Street and Number)		City	State
Zip	County	Phone ()	Date of Birth

1b. IF APPLICANT IS A PARTNERSHIP

Full Name of All Partners	Home Address (Street, City, State, Zip Code)	Date of Birth

1c. IF APPLICANT IS A CORPORATION

Full Name	Home Address (Street, City, State, Zip Code)	Date of Birth
President		
Vice-President		
Secretary		

2. In what state incorporated? _____ When? _____ If foreign or out of state corporation, give date of filing in New York. _____

3. List all agents or employees who buy or sell cattle and/or horses in your name. If a person buys or sells one or more animals in his own name, he must secure his own permit. The Division of Animal Industry must be immediately notified in writing of the name and address of any additional agents or employees so engaged in the future, and so notified when any agent or employee is no longer authorized to act for you.

Name	Address	Phone

4. Do you import cattle from out-of-state Yes No. If yes, what is the destination of these cattle?
Name and Address _____
5. Have you, or if you are a corporation or partnership, any of your officers, directors, partners, stockholders or persons in positions of management and control ever been convicted of a felony? Yes No
If yes, identify state, territory or U.S., person or entity convicted, year, crime and sentence imposed: _____
6. Have you or, if you are a corporation or partnership, any of your officers, directors, partners, stockholders or persons of position or control ever held a license or permit issued by New York State Department of Agriculture and Markets or any other state or federal agency? Yes No
If yes, identify the license or permit issued, the issuer and the name of the licensee or permittee: _____
7. Have you or, if you are a corporation or partnership, any of your officers, directors, partners, stockholders or persons in position of management or control ever had a cattle, horse dealer or auctioneer's license or permit terminated, suspended or revoked or had an application for same denied by any state or federal agency? Yes No
If yes, identify the agency, type of license or permit, year and name of licensee or permittee, applicant and explain: _____
8. Have you or, if you are a corporation or partnership, any of your officers, directors, partners, stockholders or persons in positions of management or control ever been the subject of a penalty assessed by the New York State Department of Agriculture and Markets or any other state or federal agency or department for any violation relating to cattle or horse dealing or auctioneering? Yes No
If yes, identify person or entity penalized, year, nature of violation and penalty imposed and assessor of penalty: _____

Applicant represents that he has read and is familiar with the provisions of Article 5 of the Agriculture and Markets Law and Part 61 of the Official Compilation of Codes, Rules and Regulations of the State of New York and that he will comply with same. Applicant consents to deliver the records kept by him pursuant to said statutes and regulations to any agent of the department of Agriculture and Markets or of the United States Department of Agriculture immediately upon the request or demand of such agent.

I UNDERSTAND THAT THE STATEMENT MADE IN THIS APPLICATION WILL BE ACCEPTED FOR ALL PURPOSES AS THE EQUIVALENT OF AN AFFIDAVIT AND THAT ANY FALSE STATEMENTS MADE HEREIN, IN ADDITION TO BEING THE POSSIBLE BASIS FOR A REVOCATION OF ANY PERMIT ISSUED AS A RESULT OF THIS APPLICATION, MAY BE PUNISHABLE AS A MISDEMEANOR UNDER THE PROVISIONS OF SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

Date _____ Signature(s): _____

If assumed name or partnership, each member or partner must sign.
 If a corporation, the corporate name must be shown, a duly authorized officer must sign.

* The authority to request the information contained in this document is found in Section 16 of the Agriculture and Markets Law and the specific section or sections of that Law which relate to the license, permit, certificate, approval, registration or permission which you seek. The principal purpose for which this information is collected is to enable the Department of Agriculture and Markets to determine whether or not to issue the requested license, permit, certificate, approval, registration or permission. This information will be used by the Department of Agriculture and Markets for the purpose of evaluating your application and enforcing and administering the Agriculture and Markets Law.

Disclosure of your federal social security and federal employer identification numbers by you is mandatory and is authorized by Section 5 of the Tax Law. The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax law and for any other purpose authorized by the Tax Law.

Should you fail to provide all of the requested information, your application may not be processed.