



APPLICATION FOR HAY BUYER'S LICENSE
PUBLIC SERVICE COMMISSION
 SFN 10519 (Rev. 05-99)

ANNUAL LICENSE PERIOD

EXPIRES JULY 31
 - FEE \$100.00

READ INSTRUCTIONS ON OTHER SIDE BEFORE COMPLETING THIS APPLICATION

NDCC 60-03

Individual or Firm Name	Fax Number	Telephone Number	
Mailing Address	City	State	Zip Code
Name of General Manager	Number of Haulers Requiring Certificate of License:		
Volume Estimate: How many tons of hay do you expect to purchase or merchandise on behalf of its owners during your first year in operation?			

PARTNERS IF OPERATED BY A PARTNERSHIP

NAME	ADDRESS

NAMES & TITLES OF OFFICERS IF OPERATED BY A CORPORATION

TITLE	NAME	ADDRESS

STATE OF _____)
) SS
 COUNTY OF _____)

_____ being duly sworn, says he/she is the owner or official named in the foregoing application for Hay Buyer's License, and that the facts stated in the application are true to his/her own knowledge.

 Signature of Applicant

Sworn to before me this _____ day of _____,

(Seal)

 (Notary Public)

My commission expires _____