

License Number \_\_\_\_\_

**PRINT OR TYPE**

**License expires at the end of each calendar day**

Business Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Licensee Name \_\_\_\_\_

Fax Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Temporary One Day Horse Sale**

**Location of Sale:**

Street Address \_\_\_\_\_

**LICENSE FEE: \$25.00**

City, State, Zip \_\_\_\_\_

Day and Hours of Sale \_\_\_\_\_

Estimated Gross Sales \$ \_\_\_\_\_

**Enter name and address of licensed veterinary inspector**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Enter name and address of licensed weighmaster if scales are used**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

**An additional application, license fee and adequate bond are required for each additional day upon which horses are sold.**

**For Checks or Money Orders, mail to:**

Oregon Department of Agriculture  
PO Box 4395, Unit 17  
Portland OR 97208-4395

**For Credit Card Charges, mail or fax to:**

Oregon Department of Agriculture  
635 Capitol St. N.E.  
Salem OR 97301-2532

Secure Fax  
(503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701.

**For Visa or MasterCard Charges Complete the Following Information**

Name of Cardholder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax# \_\_\_\_\_

Signature: \_\_\_\_\_ Total Charges: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_