

**Application to Operate Exposition(s) for Livestock, Poultry, or Equids**

(In accordance with South Carolina Code of Laws, Chapter 4, Section 47-11-20)

**One permit may include multiple exhibitions located at multiple sites. It is the responsibility of the permit holder (Exhibition Manager/Contact) to list all exhibition information and to maintain all required records as stated below.**

**1. Exposition Permit (for cattle, swine, goats, sheep, equine, poultry, other livestock) Fee \$5.00**

Check or money order made out to: Clemson University. Mail to: Animal Health Programs

**2. Exhibition Manager/Contact Information**

Manager/Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Manager/Contact Address: \_\_\_\_\_

Address where records are located: \_\_\_\_\_

**3. Exhibition Location Information**

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

Dates of Expositions: \_\_\_\_\_

Species to be shown: Cattle Swine Goats Sheep Poultry Equine \_\_\_\_\_

Exposition Facility Name: \_\_\_\_\_

Facility Official Premises ID Number (required): \_\_\_\_\_ Or fill out Facility Info to get Premises ID

Facility Contact Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

Facility Location Address: \_\_\_\_\_

Facility Phone No.: \_\_\_\_\_

(Additional Expositions can be included on the back of this form and included as part of this Exhibition Permit)

**4. Record Requirements and Signature**

I agree to the following terms and conditions: Permit holders must maintain records for two (2) years and are subject to inspection by Clemson University Livestock-Poultry Health Division as required by Chapter 4, Section 47-11-80, 47-11-85 and 27-1015. Records are to include individual animal identification, name(s) and address(es) of buyer(s), necessary tests and results, certificates of veterinary inspection or permits when required. Under Chapter 4, Section 47, Clemson University Livestock-Poultry Health agents may come onto the premises to inspect and prescribe additional tests to ensure the continued health of the livestock and poultry industry of South Carolina.

Exhibition Manager/Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CULPH OFFICE USE ONLY:** Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_  
Check No. \_\_\_\_\_ Permit No. \_\_\_\_\_

**5. Additional Exhibitions Included in this Permit:**

**Exposition Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

Species to be shown: Cattle Swine Goats Sheep Poultry Equine \_\_\_\_\_

Exposition Facility Name: \_\_\_\_\_

Facility Official Premises ID Number (required): \_\_\_\_\_ Or fill out Facility Info to get Premises ID

Facility Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

Facility Location Address: \_\_\_\_\_

**Exposition Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

Species to be shown: Cattle Swine Goats Sheep Poultry Equine \_\_\_\_\_

Exposition Facility Name: \_\_\_\_\_

Facility Official Premises ID Number (required): \_\_\_\_\_ Or fill out Facility Info to get Premises ID

Facility Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

Facility Location Address: \_\_\_\_\_

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Species to be shown: Cattle Swine Goats Sheep Poultry Equine \_\_\_\_\_

Exposition Facility Name: \_\_\_\_\_

Facility Official Premises ID Number (required): \_\_\_\_\_ Or fill out Facility Info to get Premises ID

Facility Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

Facility Location Address: \_\_\_\_\_