



VILLAGE OF *Johnson Creek*
WISCONSIN

125 Depot Street
P.O. Box 238
Johnson Creek, WI 53038
Phone (920) 699-2296
Fax (920) 699-2292

Permit to Keep and Raise Chickens - Annual Renewal Application

Applicant Information:

Name (print): _____ Phone # _____

Email: _____

Address _____
Street _____ City/Village _____ State _____ Zip _____

Permit Type (check one):

- Open Coop: \$25.00
- Enclosed Coop: \$15.00

Coop Location (check one):

- Same as last year? Yes No
 - If no, provide a diagram showing coop location in relation to your lot.

Livestock Premises Registration:

- Attach a copy of your **Livestock Premises Registration Card**.
- Expiration Date on Card: _____

If expired, complete a new Livestock Premises Registration Application (see attached form or register online at wiid.org).

Permit Duration:

- Valid **January 1 – December 31** annually.
- Permits issued after January 1 must pay the full fee and expire on December 31 of the same year.

Compliance Agreement:

The undersigned agrees to comply with Chapter 96 Animals, Article II Keeping Animals and Fowl, specifically § 96-13 Chickens.

Applicant Signature: _____ **Date:** _____

-Office Use Only-

Coop Inspection: _____ Initials: _____ Date: _____
(Not needed on renewal unless changes are made)

Annual Permit Fee:

Amount Paid: _____ | Check #: _____ | Cash: _____ | Initials: _____

Date Received: _____ Initials: _____ **Date Issued:** _____ Permit #: _____
Permit Granted: _____ Initials: _____ (Zoning Administrator and/or Building Inspector)



Wisconsin Department of Agriculture, Trade and Consumer Protection
Livestock Premises Registration (c/o WLIC)
 4726 E Towne Blvd. Suite 210
 Madison, WI 53704
 Fax: 608-848-4702

Livestock Premises Registration Application

(S. 95.51, Wis. Stats. and ch. ATCP 17, Wis. Adm. Code)

Please return completed form to the address listed above.

A. Registrant and mailing information <i>If registrant is a business, provide the legal name of that business.</i>					
NAME OF INDIVIDUAL (first name, middle initial, last name) * OR LEGAL NAME OF BUSINESS (or other legal entity) *				REGISTRANT PHONE* () -	
ALL TRADE OR OTHER NAMES*, if any (d/b/a or "doing business as")					
MAILING ADDRESS		CITY/VILLAGE/TOWN*		STATE* ZIP*	
*Registrant type: check one:					
<input type="checkbox"/> Individual (includes a pet owner or 'hobby farm')		<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> State or local government entity		<input type="checkbox"/> Tribal entity	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Limited Liability Partnership (LLP)
B. Livestock premises address* <i>If the location does not have an address, see instruction sheet.</i>					
PREMISES DESCRIPTION: (Examples: "milking barn" or "pasture")					
PREMISES ADDRESS: Check here if same as mailing address in Section A and skip to Section C <input type="checkbox"/>			COUNTY		
CITY/VILLAGE/TOWN				STATE* ZIP* WI	
O P T I O N A L	TOWNSHIP NUMBER (1 – 53N)	RANGE NUMBER (20W – 30E)	SECTION NUMBER (1-36)	1/4 SECTION	1/4 SECTION
	GEOGRAPHIC COORDINATES West (Longitude) (must be between 86.000 and 94.000)			GEOGRAPHIC COORDINATES North (Latitude) (must be between 42.000 and 48.000)	
C. Livestock premises type* Check ONE that best applies. <i>If your premises has more than one type of operation, see instruction sheet.</i>					
<input type="checkbox"/> Farm or production unit <i>(Includes hobby farm)</i>	<input type="checkbox"/> Livestock exhibition	<input type="checkbox"/> Clinic	<input type="checkbox"/> Market or livestock collection point	<input type="checkbox"/> Rendering or carcass collection point	
<input type="checkbox"/> Slaughter establishment	<input type="checkbox"/> Tagging site	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Quarantine facility	<input type="checkbox"/> Non-producer participant (See instruction sheet for definition and examples)	
D. Types of livestock or livestock carcasses on premises* Check ALL that apply.					
Bovine – please specify:		<input type="checkbox"/> Fish (includes all fish kept at a fish farm requiring registration under s. ATCP 10.61)			
<input type="checkbox"/> Beef Cattle		<input type="checkbox"/> Goats			
<input type="checkbox"/> Dairy Cattle		<input type="checkbox"/> Sheep			
<input type="checkbox"/> Bison		<input type="checkbox"/> Swine			
<input type="checkbox"/> Camelids (includes llamas and alpacas)		<input type="checkbox"/> Equine (includes horses, mules and donkeys)			
<input type="checkbox"/> Captive cervids (includes deer, elk, moose, caribou, reindeer, and the subfamily musk deer)		<input type="checkbox"/> Poultry (includes domesticated fowl like chickens, turkeys, geese, ducks, guinea fowl, squab, ratites like rheas, ostriches, emus, cassowaries, kiwi, and captures game birds like pheasants, quail, wild turkeys, migratory wildfowl, pigeons, and exotic birds raised for hunting, which are raised in captivity)			

All information with an asterisk (*) is required.

Continued on next page

E. Contact information List the name of the Primary Contact for the premises. 'Primary contact' is the individual who best knows about livestock movement on and off or between the premises locations being registered and can be contacted if there is an animal disease emergency. Check applicable box for each phone number type. If contact does not have a phone number, see instruction sheet. **Email is required if you would like to receive your Premises Registration Confirmation card by email. Current cell phone number is required to be able to check premises number by text.**

PRIMARY CONTACT NAME AND PHONE NUMBER * – Fill in below.

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE* <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell () - () -	PHONE* <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell () - () -	E-MAIL (<i>not shared/sold and no spam</i>)

ALTERNATE CONTACT NAME AND PHONE NUMBER – Fill in below (OPTIONAL).

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE* <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell () - () -	PHONE* <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell () - () -	E-MAIL (<i>not shared/sold and no spam</i>)

F. Additional locations (if applicable): All premises are required to have a separate registration. Unique premises registrations for each location ensure you will be notified if there is a disease outbreak in the area of any of your premises.

If you have additional livestock premises locations associated with the same mailing and contact information noted in Sections A and E, you may provide them below. They will be registered separately and you will receive a unique livestock premises code for each location. If you have more than 3 additional locations, contact WLIC at 888-808-1910 or go online to register the remaining premises at www.wiid.org and click on Registration.

DESCRIPTION OF LOCATION (<i>Example: "dry cow facility -- 3 miles west of main premises"</i>)		SPECIES (See Section D for applicable species)		
ADDRESS	CITY/TOWN/VILLAGE	STATE* WI	ZIP*	COUNTY
DESCRIPTION OF LOCATION (<i>Example: "heifer facility -- 5 miles southeast of main premises"</i>)		SPECIES (See Section D for applicable species)		
ADDRESS	CITY/TOWN/VILLAGE	STATE* WI	ZIP*	COUNTY
DESCRIPTION OF LOCATION (<i>Example: "finishing barn"</i>)		SPECIES (See Section D for applicable species)		
ADDRESS	CITY/TOWN/VILLAGE	STATE* WI	ZIP*	COUNTY

G. Signature*

I declare that I have examined this registration application, and to the best of my knowledge it is true and correct.

Check here if you prefer to receive your card by regular mail instead of email.

SIGNATURE OF REGISTRANT OR AUTHORIZED REPRESENTATIVE	DATE
PRINT NAME OF PERSON SIGNING	TITLE OF PERSON SIGNING <i>Examples: "livestock owner" or "Vice President, XYZ Farms, Inc."</i>

All information with an asterisk (*) is required.

Additional livestock premises registration forms may be obtained by calling (888) 808-1910 or going to www.wiid.org.

FOR OFFICE USE ONLY

PREMISES REGISTRATION CODE:	<input type="checkbox"/> No livestock	<input type="checkbox"/> Contact Information	<input type="checkbox"/> Renewal
DATE REGISTERED:	INITIALS:	<input type="checkbox"/> Coordinates	<input type="checkbox"/> Additional Locations
<input type="checkbox"/> Exception			