



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	Phone #						
Email:								
Address	O:4 - A (:11	04-4-	7 :					
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 □ N ○ If no, provide a diagram		on in relation	n to your lot.					
Livestock Premises Registration: • Attach a copy of your Livestoc • Expiration Date on Card: If expired, complete a new Livestock Pregister online at wiid.org).	_		(see attached form or					
 Permit Duration: Valid January 1 – December 3 Permits issued after January 1 same year. 		and expire o	on December 31 of the					
Compliance Agreement: The undersigned agrees to comply with Fowl, specifically § 96-13 Chickens.	h Chapter 96 Animals	s, Article II K	Geeping Animals and					
Applicant Signature:		Date:						
	-Office Use Only-							
Coop Inspection:	-	S:	Date:					
(Not needed on renewal unless change	es are made)							
Annual Permit Fee: Amount Paid: Check #:	Cash:	_ Initials: _						
Date Received: Initials: Permit Granted: Initials:	Date Is	sued: strator and/	Permit #: 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)

Places return completed form to the address listed shows

PI	ease return complete	a form to the addr	ess iisi	led abov	<i>те.</i>							
A	Registrant and mailin	g information If regis	strant is a	a busines	s, pro	ovide the leg	gal nan	ne of that b	ousiness.			
NAME OF INDIVIDUAL (first name, middle initial, last name) * OR LEGAL NA					IAME OF BUSINESS (or other legal entity) *					REGISTRANT PHONE* () -		
ALL TRADE OR OTHER NAMES* , if any (d/b/a or "doing business as")							COUNTY*					
MAILING ADDRESS CI				CITY/VILLAC	TY/VILLAGE/TOWN*					STATE*	ZIP*	
*Re	egistrant type: check one:									I		
☐ Individual (includes a pet owner or 'hobby farm') ☐ Corpor			oration	ration		☐ Cooperative		☐ Limited Liability Company (LLC)				
	State or local government e	entity	☐ Triba	bal entity		rust ☐ Est		state		ability Partnership (LLP)		
В	Livestock premises a	ddress* If the location	n does n	ot have a	n add	dress, see ir	struct	ion sheet.				
PR	EMISES DESCRIPTION: (Exam	pples: "milking barn" or "past	ure")									
PREMISES ADDRESS: Check here if same as mailing address in Section A					and skip to Section C COUNTY							
CITY/VILLAGE/TOWN									STATE*	ZIP*		
O P T	P				SECTION NUMBER (1-36) 1/4 SECTION				1/41/4 SECTION			
I O N	GEOGRAPHIC COORDINATE West (Longitude) (must be bet		and 94.000)			GEOGRAPHIC COORDINATES North (Latitude) (must be between 42.000 and 48					.000)	
A L												
С	Livestock premises ty If your premises has m				tructio	on sheet.						
	Farm or production unit (Includes hobby farm)	Livestock exhibition		Clinic		Market or livestock Rendering or ca		ndering or car	cass collection point			
	Slaughter establishment	☐ Tagging site		Laborator	у	Quarantine facility Non-producer particle for definition and			rticipant (See instruction sheet examples)			
D	. Types of livestock or	livestock carcasses	on prer	nises* C	heck	ALL that ap	ply.					
Bovine – please specify:				Fish (includes all fish kept at a fish farm requiing registration under s. ATCP 10.61)								
Beef Cattle				Goa	Goats							
☐ Dairy Cattle				She	Sheep							
Bison				Swine								
Camelids (includes llamas and alpacas)				Equine (includes horses, mules and donkeys)								
	Captive cervids (includes d and the subfamily musk dea		, reindeer	squ	ab, ra pheas	tites like rhea	as, ostr vild turk	iches, emus keys, migrato	, cassowaries	, kiwi, and	, ducks, guinea fowl, captive game birds I exotic birds raised	

All information with an asterisk (*) is required.

Continued on next page

E. Contact information List the livestock movement on and of emergency. Check applicable is required if you would like required to be able to check	f or between box for each to receive	n the premises on phone number your Premises	locations ler type. If s Registra	being regis	stered and ses not hav	can be contac e a phone nun	ted if there is ar nber, see instru	n animal disease ction sheet. Emai l			
PRIMARY CONTACT NAME AND PH	ONE NUMBE	R * – Fill in belo	W.								
FIRST NAME:			MIDDLE INITIAL:	LAST NAM	E:						
PHONE* ☐ Home ☐ Business ☐ Cell PHONE* ☐ () - ()			 me ☐ Busi -	ness 🗌 Ce	II	E-MAIL (no	E-MAIL (not shared/sold and no spam)				
ALTERNATE CONTACT NAME AND	PHONE NUM	IBER – Fill in bei	low (OPTIC	NAL).							
FIRST NAME:			MIDDLE INITIAL:	LAST NAM	E:						
PHONE* Home Business Cell	PHONE* Hom	ne 🗌 Busir	ness 🗌 Cel	I	E-MAIL (no	E-MAIL (not shared/sold and no spam)					
location ensure you will be not If you have additional livestock you may provide them below. If you have more than 3 addition www.wiid.org and click on Regist DESCRIPTION OF LOCATION (Example: "	premises lo They will be anal location stration.	ocations associ registered sep s, contact WLI	iated with parately ar C at 888-8	the same and you will 308-1910 o	mailing and receive a unine	l contact inforr unique livestoc	k premises cod e remaining prei	le for each location.			
DEGORIT HON OF EGGATION (Example.	ary cow racing	y 3 nines west t	or main pren	iises)	i LoiLo (oce	s Section D for app	ilicable species)				
ADDRESS	CITY	/TOWN/VILLAGE			STATE*	ZIP*	COUNTY				
DESCRIPTION OF LOCATION (Example: "	heifer facility -	- 5 miles southea	st of main p	remises")	SPECIES (See	e Section D for app	licable species)				
ADDRESS	CITY	/TOWN/VILLAGE			STATE*	ZIP*	COUNTY				
DESCRIPTION OF LOCATION (Example: "	finishing barn	")		5	SPECIES (See	Section D for app	licable species)				
ADDRESS	CITY	/TOWN/VILLAGE			STATE*	ZIP*	COUNTY				
G. Signature*											
I declare that I have examined this Check here if you prefer to re	_			-	_	it is true and c	orrect.				
SIGNATURE OF REGISTRANT OR AUTHO	RIZED REPRE	SENTATIVE				DATE					
						PERSON SIGNING "livestock owner" or "Vice President, XYZ Farms, Inc.")					
All information with an asterisk (Additional livestock premises re	•		e obtained	d by callir	g (888) 8	08-1910 or g	oing to www.w	∕iid.org.			
FOR OFFICE USE ONLY											
PREMISES REGISTRATION CODE:				☐ No	livestock	☐ Contac	t Information	Renewal			
DATE REGISTERED:		INITIALS:		□Со	ordinates	☐ Addition	nal Locations	☐ Exception			