



# VILLAGE OF JOHNSON CREEK

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

## Permit to Keep and Raise Chickens Chapter 96

AH-LP-100 (rev. 10/2012)



**Wisconsin Department of Agriculture, Trade and Consumer Protection**  
Livestock Premises Registration (c/o WLIC)  
135 Enterprise Dr., Ste. ID  
Verona, WI 53593-0202  
Fax: 608-848-4702

If Registered Enter

Acct #

Premises Code

### 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 information

If registrant is a business, provide the legal name of that business.

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")			County*
Mailing address*	City/Village/Town*	State*	Zip code*
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"/> State or local government entity	<input type="checkbox"/> Tribal entity	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate
		<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)

#### B. 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.

Primary contact name and phone number * – Fill in below.			
First Name	Middle Initial	Last Name	
Primary contact phone <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Pager ( )	Backup Phone <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Pager ( )		
Alternate contact name and phone number – Fill in below (OPTIONAL).			
First Name	Middle Initial	Last Name	
Alternate contact phone <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Pager ( )	Backup Phone <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Pager ( )		

#### C. Address of primary premises location\*

If the primary location does not have an address, see instruction sheet.

Description of location (Examples: "milking barn" or "pasture")				
Premises Address: Check here if same as mailing address in Section A and skip to Section D <input type="checkbox"/>				
City/Village/Town	State <b>WI</b>	Zip code	County	
Township number (1 – 53N)	Range number (20W – 30E)	Section number (1-36)	¼ Section	½ 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)		

#### D. Livestock premises type\*

Check ONE that best applies. If your premises has more than one type of operation, see instruction sheet.

<input type="checkbox"/> Farm or production unit (Includes hobby farm)	<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)

All information with an asterisk (\*) is required under s. 95.51, Wis. Stats. and s. ATCP 17.02, Wis. Adm. Code., unless otherwise specified.

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<b>E. Types of livestock or livestock carcasses on premises and any secondary locations*</b> Check ALL that apply.	
<b>Bovine – please specify:</b>  <input type="checkbox"/> Beef Cattle  <input type="checkbox"/> Dairy Cattle  <input type="checkbox"/> Bison  <input type="checkbox"/> Camelids (includes llamas and alpacas)  <input type="checkbox"/> Captive cervids (includes deer, elk, moose, caribou, reindeer, and the subfamily musk deer)  <input type="checkbox"/> Equine (includes horses, mules and donkeys)	<input type="checkbox"/> Fish (includes all fish kept at a fish farm that requires registration under s. ATCP 10.61)  <input type="checkbox"/> Goats  <input type="checkbox"/> Poultry (includes domesticated fowl like chickens, turkeys, geese, ducks, guinea fowl, squab, ratites like rheas, ostriches, emus, cassowaries, kiwi, and captive game birds like pheasants, quail, wild turkeys, migratory wildfowl, pigeons, and exotic birds raised for hunting, which are raised in captivity)  <input type="checkbox"/> Sheep  <input type="checkbox"/> Swine

<b>F. Secondary locations</b> (if applicable)* If your premises has more than one location (but the same contact individual), you may list up to three secondary locations here. (Example: a dairy farm may list its heifer and dry cow facilities below as two secondary locations because they are at separate geographical locations, yet the contact individual is the same for all locations AND livestock are commingled.) Additional premises need to be registered separately (see instruction sheet).				
Description of location (Example: "dry cow facility -- 3 miles west of main premises")				
Address	City/Village/Town	State <b>WI</b>	Zip code	County

Description of location (Example: "heifer facility -- 5 miles southeast of main premises")				
Address	City/Village/Town	State <b>WI</b>	Zip code	County

Description of location				
Address	City/Village/Town	State <b>WI</b>	Zip code	County

<b>G. Signature</b>	
I declare that I have examined this registration application, and to the best of my knowledge it is true and correct.	
_____ Signature of registrant or authorized representative	_____ Date
_____ Print name of person signing	_____ Title of person signing (Examples: "livestock owner" or "Vice President, XYZ Farms, Inc.")

All information with an asterisk (\*) is required under s. 95.51, Wis. Stats. and s. ATCP 17.02, Wis. Adm. Code.

**Additional livestock premises registration forms may be obtained by calling (888) 808-1910.**