



APPLICATION FOR ANNUAL CHICKEN LICENSE – Must be renewed every year by December 31st.

DATE: _____ PHONE: _____

NAME: _____
LAST FIRST M.I.

ADDRESS _____
STREET CITY ZIP

PARCEL NO: _____

READ & INITIAL EACH ITEM INDICATING YOU UNDERSTAND THE REQUIREMENTS:

_____ I have completed the Wisconsin Department of Agriculture, Trade, & Consumer Protection Livestock Premises Registration Application at <http://www.wiid.org/livestock-premises-registration>. A copy of your registration is required to be on file prior to the issuance of the permit. My registration number is _____

_____ I have read, and I understand, the conditions under which I may keep chickens. I agree to abide by these conditions, which are as follows:

- 1) No more than four (4) female hens shall be kept on a residential lot zoned either R-1 or R-R.
- 2) No person shall keep any rooster.
- 3) No person shall slaughter any chickens within town boundaries.
- 4) No person shall sell any eggs or chicks.
- 5) The chickens shall be provided with a covered enclosure and must be kept in a covered enclosure at all times. The chicken run shall be contiguous with the chicken coop.
- 6) A building permit is required for the enclosure. Submittals include:
 - a. Lot site layout with existing buildings and proposed coop with fence dimensions
 - b. Picture of fence type.
 - c. Picture and/or plans for coop.
- 7) No coop &/or run shall be located between the principal structure of the property and the right-of-way, and shall comply with all required property setbacks.
- 8) Chickens must be handled in a sanitary matter.
- 9) Immediate reporting of any unusual illnesses or deaths shall be made to the Brown County Health Department.
- 10) Applicant must be the current owner of the property, or written permission from the current property owner is required.

_____ I understand that the Zoning Administrator may revoke my license to keep chickens if, in any six-month period, I accumulate three (3) or more violations of any ordinance regulating the keeping of chickens.

SIGNATURE: _____

FOR OFFICE USE ONLY:

Date Application Received: _____

Amount Paid: _____ Expiration Date: _____ License Number: _____

Approved On: _____ By: _____