



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Animal Health

PO Box 8911, Madison, WI 53708-8911

Phone: 608-224-4872 Fax: 608-224-4871

DOG SELLER AND DOG FACILITY OPERATOR LICENSE APPLICATION

s. ATCP 16.06, Wis. Admin. Code, chs. 93 and 173, Wis. Stats. For license year ending Sept. 30, 2012

APPLICANT INFORMATION				
Legal Name				
Business Name/DBA (list all names, if different from above)				
Legal Entity Type (Check one):				
<input type="checkbox"/>	Individual	<input type="checkbox"/>	General Partnership	
<input type="checkbox"/>	Trust/Estate	<input type="checkbox"/>	Other (please specify): _____	
<input type="checkbox"/>	Corporation/Cooperative -]] ---State in which business formed : _____		
<input type="checkbox"/>	LLC			
<input type="checkbox"/>	LLP			
<input type="checkbox"/>	Limited Partnership -----]			
Primary #: () - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary #: () - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Fax		Email:
Primary Contact				
If different than business number above:				
Primary # : () - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary #: () - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Fax		Email:
Check the applicable boxes that describe your activities (see instructions for definitions):				
<input type="checkbox"/> Dog breeder		<input type="checkbox"/> Dog dealer		<input type="checkbox"/> Out of state dog dealer
<input type="checkbox"/> Dog Breeding Facility, Animal Shelter, or Animal Control Facility				
Principal Business Address and Facility Information				
Principal Business Address				Fire #
City		State	Zip Code	County
Town	Township		Range	Section
Is this location operated as a: <input type="checkbox"/> Animal Control Facility <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Dog Breeding Facility				What year did this facility begin doing business: _____
Mailing Address (if different than above)				
City		State	Zip Code	County
Is this license application for a facility used solely of the purpose of breeding, raising and selling dogs for scientific research to facilities licensed or registered by the USDA and the dogs are not resold to any other persons? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Does the applicant consign any dogs to individuals for home custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average number of dogs consigned to home custody annually _____
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Fees (Fees are nonrefundable and nontransferable) Use A, B, or C, as applicable.

A. Animal Shelters and/or Control Facilities	\$125 for each animal shelter and/or animal control facility being licensed. No. of facilities _____	Total \$ _____
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B. WI Dog Breeders, Breeding Facilities and Dealers Fee is based on total number of dogs sold at all locations.	Total number of dogs that the applicant sold during the 12 months preceding this application from all locations _____ (If none, see next column)	Total number of dogs that the applicant expects to sell from all locations from now until Sept. 30, 2012 _____
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Number from above is:		Total \$ _____
At least 25 but less than 50:	\$ 250	
At least 50 but less than 100:	\$ 500	
At least 100 but less than 250:	\$ 750	
At least 250:	\$ 1000	

C. Out-of-State Dog Dealers (include copy of dog seller license from home state and any required federal license) Fee is based on total number of dogs sold in WI.	Total number of dogs that the applicant sold in WI from all locations during the 12 months preceding this application _____ (If none, see next column)	Total number of dogs that the applicant expects to sell in WI from all locations from now until Sept. 30, 2012 _____
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Number from above is:		Total \$ _____
At least 25 but less than 50:	\$ 375	
At least 50 but less than 100:	\$ 750	
At least 100 but less than 250:	\$ 1,125	
At least 250:	\$ 1,500	

Mail your material and payment to: WDATCP Division of Animal health PO Box 8911 Madison, WI 53708-8911	A,B or C: Total \$ _____
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SIGNATURE:
 I certify that all information on this application and any attached sheets is true, accurate and complete. I certify by my signature that I am familiar with Wisconsin Administrative Codes and Wisconsin Statutes applicable to dog sellers in Wisconsin.

Signature: _____

Printed Name: _____

Applicant's title: _____ Date: _____

The Department of Agriculture, Trade and Consumer Protection is not responsible for lost, stolen, misdirected, illegible, incomplete, not-received or late application requests.

Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04(1)(m), Wis. Stats.

ADDITIONAL LOCATION IN WI WHERE DOGS ARE KEPT OR SOLD (*Required fields)

COMPLETE FOR EACH LOCATION YOU OPERATE

*Is this location operated as a:

Animal Control Facility Animal Shelter Dog Breeding Facility

What year did this facility begin doing business: _____

*BUSINESS NAME: _____

*ADDRESS: _____

*CITY / STATE / ZIP: _____

*COUNTY: _____ *TOWN: _____

*FIRE NUMBER: _____

TOWNSHIP: _____ RANGE: _____ SECTION: _____

You can find the Township, Range and Section information on your tax bill.

ADDITIONAL LOCATION IN WI, WHERE DOGS ARE KEPT OR SOLD (*Required fields)

COMPLETE FOR EACH LOCATION YOU OPERATE

*Is this location operated as a:

Animal Control Facility Animal Shelter Dog Breeding Facility

What year did this facility begin doing business: _____

*BUSINESS NAME: _____

*ADDRESS: _____

*CITY / STATE / ZIP: _____

*COUNTY: _____ *TOWN: _____

*FIRE NUMBER: _____

TOWNSHIP: _____ RANGE: _____ SECTION: _____

You can find the Township, Range and Section information on your tax bill.

Complete a copy of this page for all locations you operate as part of this Dog Sellers License. Do not include addresses of home custody providers. All locations must be operated by the same legal entity.