F-fd-354 (Rev. 04/2022)

|  |  |  |
| --- | --- | --- |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  *Division of Food and Recreational Safety*  Telephone: (608) 224-4720 | OFFICE USE ONLY |
| WCH Number: |
| DATE ISSUED: |
| Expires: |
| **APPLICATION FOR USE OF THE “WISCONSIN CERTIFIED HONEY” LABEL**  **Biennial approval expires on December 31 in odd-numbered years**. | | AMOUNT PAID: |
| *Wis. Stat. § 100.187, ATCP §§ 87.015 and 87.017* | | |

**Please mail application and payment to: WI DATCP P.O. BOX 93296, Milwaukee, WI 53293-0296**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LEGAL ENTITY – Check one box below:** | | | | | | |  | | |
| Individual  \*\*Partnership  Limited Partnership (LP)  Limited Liability Partnership (LLP)  Limited Liability Company (LLC)   Cooperative  Corporation Other \_\_\_\_\_\_ \*\*Requires evidence of a formal legal agreement | | | | | | | | | |
| **COMPLETE SECTION BELOW:** | | | | | | |  | | |
| LEGAL NAME (See entity types above) | | | | TRADE NAME (d/b/a or “doing business as”) | | | | | |
| MAILING ADDRESS | | | | BUSINESS LOCATION (if different from mailing address) | | | | | |
| CITY | | STATE | ZIP CODE | CITY | | | | STATE | ZIP CODE |
| NAME OF CONTACT | | | | COUNTY | TOWN | | | | |
| CONTACT PHONE NUMBER | E-MAIL (if available) | | | BUSINESS PHONE NUMBER | | E-MAIL (if available) | | | |
| DATE OF APPLICATION: | | | | **BIENNIAL FEE: $50** | | | | | |

|  |
| --- |
| Attach a copy of laboratory document(s) displaying test results, testing methods, date of test, name and address of laboratory conducting the test, and the name of the honey producer. The following analyses are required in ATCP 87.017(3)(b):   1. Moisture Content 2. Fructose and Glucose Content 3. Sucrose Content 4. Stable Carbon Isotope Ratio Analysis |
| List the location of the hives that will be used to produce “Wisconsin Certified Honey.” |
|  |
|  |
|  |

|  |
| --- |
| **By signing below, I certify the following statements are true:**   * **All honey labeled, produced, sold, offered, advertised, or distributed as “Wisconsin Certified Honey” under this approval will be collected from honeybee hives located in Wisconsin.** * **All honey labeled, produced, sold, offered, advertised, or distributed as “Wisconsin Certified Honey” under this approval will comply with ATCP 87.015, Honey standard, and ATCP 87.017, Wisconsin Certified Honey.** * **The sample submitted for testing required by ATCP 87.017(3)(b) was collected from honeybee hives that will be used to produce “Wisconsin Certified Honey” under this approval and the sample reflected the composition and quality of honey that will be labeled, produced, labeled, sold, offered, advertised, or distributed as “Wisconsin Certified Honey” .** |

|  |  |  |
| --- | --- | --- |
| Selling honey as “Wisconsin Certified Honey” without biennial approval to use that label is a violation of Wisconsin law. The undersigned hereby certifies that this is a true, complete and accurate application to produce, sell, offer, advertise or distribute honey labeled “Wisconsin Certified Honey” under s. 100.187 Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.). | | |
| AUTHORIZED SIGNATURE | TITLE | DATE |

|  |
| --- |
| Approved  Denied  If Denied, Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |