

Mail to:
 Department of Natural Resources
 Fur Dealer Application - CS/1
 PO Box 7924
 Madison, WI 53707-7924

Resident Fur Dealer's License Application
 Form 9400-114 (R 6/09)

LICENSE FEE CLASS A - \$25.00 (\$2,000 or more)
CLASS B - \$10.00 (Less than \$2,000)
License expires December 31 each year

Notice: Use of this form is required by the Department for any application filed pursuant to s. 29.501, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31 - 19.39, Wis. Stats.

TO BE USED BY ISSUING AGENT
License Number
Date Issued
Issued By

* A social security number or federal employer identification number is **REQUIRED** when applying for a license according to chapter 29, Wis. Stats., but it may not be disclosed to anyone except the Department of Workforce Development or the Department of Revenue.

(Please print or type)

Name (Last, First, Middle)		Name of Firm			
Street or Route		Business Address			
City, State, Zip Code		Telephone Number (Include Area Code)			
Date of Birth (Mo. - Day - Yr.)	*Social Security No. or Federal Employer ID No.	Color Eyes	Color Hair	Weight	Height
Have you had a place of business for the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, kind and location			

Pursuant to the provisions of s. 29.501(2), Wis. Stats., I hereby apply for a Class A Class B resident fur dealer's license to buy, barter, or trade in raw or dressed furs in the State of Wisconsin in the manner provided by Wisconsin Statutes and Wisconsin Administrative Code.

I hereby certify that I am the person making the application above; that the statements made therein are true; and that I have resided in the State of Wisconsin for a period of thirty days and have a fur buying place of business in the State of Wisconsin.

Withhold personal identifiers collected on this form from disclosure on any list of 10 or more individuals that the DNR is requested to provide to another person [s. 23.45, Wis. Stats.].

Signature of Applicant	Date Signed
------------------------	-------------