



**TWO
RIVERS**
WISCONSIN

Chicken & Duck License Annual Application

Municipal Code Section 6-5-22

Date: _____ Receipt #: _____

Expiration Date: December 31, 20_____

APPLICANT INFORMATION:

NAME: _____
First Middle Last

ADDRESS: _____
Street Address City State Zip

PHONE: _____ DATE OF BIRTH: _____

PROPERTY OWNER INFORMATION:

NAME: _____
First Middle Last

PHYSICAL ADDRESS: _____
Street Address City State Zip

MAILING ADDRESS: _____
Street Address City State Zip

PHONE: _____ DATE OF BIRTH: _____

REQUIRED ITEMS TO BE SUBMITTED WITH APPLICATION:

- ☐ Copy of Applicant's Driver License or State Identification Card
- ☐ Drawing of the placement of coop in the yard in relation to property lines and buildings
- ☐ Picture of the coop

REQUIRED BY STATE OF WISCONSIN FOR BACKYARD POULTRY:

Wisconsin Department of Agriculture, Trade and Consumer Protection (WI DATCP) Registration Premise Identification Number. Register online or by phone at 888-808-1910.
https://datcp.wi.gov/Pages/Programs_Services/PremisesRegistration.aspx

WI DATCP Premises ID Number	WI DATCP Expiration Date
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I agree to meet with the Two Rivers Code Enforcement Officer and allow for the inspection of the property where the chickens and/or ducks will be housed. The understand the Code Enforcement Officer will also document the number of chickens and/or ducks on the property.

I understand that if any statement(s) contained in this application are found to be false, the waiver resulting from this application may be revoked and I may be prosecuted for false swearing in violation of Wisconsin Statute 946.32.

I solemnly swear that the statements made in this application are true and acknowledge that I have made these statements under pains and penalties of law. I understand that any chickens or ducks under my ownership shall comply with all provisions of the Two Rivers Municipal Code. I understand that licenses may be revoked if requirements of Two Rivers Municipal Code Chapter 6-5-22 are not in compliance and license fees will not be reimbursed.

APPLICANT SIGNATURE: _____ **DATE:** _____

REMIT APPLICATION, FEES, AND REQUIRED DOCUMENTATION TO:
TWO RIVERS CITY CLERK, PO BOX 87, TWO RIVERS, WI 54241

FOR OFFICE USE ONLY

DATE RECEIVED: _____ POLICE DEPT APPROVED? ☐ YES ☐ NO DATE: _____

REQUIRED MATERIALS RECEIVED? ☐ YES ☐ NO REASON FOR DENIAL: _____

CLERK ISSUANCE DATE: _____

LICENSE EXPIRATION DATE: _____

DATE COPY FORWARDED TO INSPECTIONS: _____

DATE TO POLICE DEPT. FOR INSPECTION: _____