

**Town of West Bend - Washington County, Wisconsin  
APPLICATION for BACKYARD CHICKEN LICENSE**

*Prior to submitting an Application for Backyard Chicken License, the Owner shall secure a registration number from the Wisconsin Department of Agriculture, Trade, and Consumer Protection (DATCP).*

**Name of Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Applicant** (if different from Property Owner): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Description:**

Tax Key Number: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Property is currently used for the following purposes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Chickens and Enclosure:**

Number to be kept: \_\_\_\_\_ Type/breed: \_\_\_\_\_

DATCP Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If this is a renewal, have there been any changes from the previous year? Yes \_\_\_\_\_ No \_\_\_\_\_

Total square feet of covered and fenced enclosure: \_\_\_\_\_

Please include hand-drawn map showing location of enclosure on property, including distances from onsite structures, property lines, and structures on adjoining properties.

**Affirmations:**

1. I hereby certify that this application is complete, true, and correct to the best of my knowledge.
2. I further certify that the poultry and poultry products are primarily for personal, non-commercial use.
3. I understand that no commercial sales from the residence or any residential area within the city is permitted.
4. I agree, in the consideration of the issuing of this license, to comply with the laws of the State of Wisconsin, and to the provisions of Town of West Bend Code of Ordinances.

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5. I understand that the Backyard Chicken License is valid for one calendar year beginning January 1<sup>st</sup> and ending December 31<sup>st</sup>, and shall be renewed no later than March 31<sup>st</sup> as long as chickens are kept on the property.
6. I understand that keeping of chickens and the location of the enclosure shall conform in all respects with Section 17.11.15 of the Town of West Bend Zoning Ordinance.
7. I understand that the violation of any terms of this license or of the Town of West Bend Zoning Ordinance my result in revocation of the license.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Application Fee:**

(\$25.00)

Check Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Town Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Professional Services Fee:**

The Town of West Bend has determined that whenever the services of the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff, as well as outside legal, planning, engineering, and other professional and technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such services fees incurred by the Town to the property owner even if the request is not approved.

I have been advised that if the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff provides services to the town because of my activities, or outside legal, planning, engineering, and other professional and technical advice is required, whether at my request or the request of the Town, I shall be responsible for the fees incurred by the Town, even if my request is not approved.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_