

Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

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

Resident Fur Dealer License Application
Form 9400-114 (R 5/18)

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 to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

* 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)

Applicant's Name		DNR Customer Number			
Street or Route		City		State	ZIP Code
Phone Number (include area code)	Email Address		Business Name		
Business Address		City		State	ZIP Code
Date of Birth (mm/dd/yyyy)	*Social Security No. or Federal Employer ID No.	Color Eyes	Color Hair	Weight	Height

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 that the DNR is requested to provide to another person [s. 23.45, Wis. Stats].

Signature of Applicant

Date Signed (mm/dd/yyyy)