

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 Buyer Application - CS/1
PO Box 7924
Madison, WI 53707-7924

Itinerant Fur Buyer License Application
Form 9400-118 (R 5/18)

LICENSE FEE \$200
License expires December 31

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(5), Wis. Stats., I hereby apply for an itinerant fur buyer's license to buy, barter, bargain, or trade or otherwise obtain raw furs in the State of Wisconsin in the manner provided by Wisconsin Statutes and the Wisconsin Administrative Code.

I hereby certify that I am the person making the application above; that the statements made are true; and that my license privileges are not now revoked by reason of a conviction for a violation of the fish and wildlife laws of 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)