EXOTIC WILDLIFE PERMIT APPLICATION

Complete all sections of this application. Return application along with required fee **($25 Fee ($10 for annual renewal) for personal possession, $100 Fee ($50 for annual renewal) for commercial breeding & sale)** to:

Village of Hobart
2990 S. Pine Tree Rd.
Hobart, WI 54155

Annual Renewal   Initial Application

Section A. Personal Information of Applicant

Last Name _____

First Name _____   Middle Initial _____

Doing Business As _____

Mailing Address _____

City _____   County _____   State _____

Zip Code _____   Country _____   Date of Birth _____

Home Phone _____   Work Phone _____

Fax _____   Email _____

Section B.   Additional Permit Information

1. Provide the physical address of the residence or facility where the controlled exotic wildlife species will be held:

Mailing Address: I live in an:

_____   Owned Home

_____   Rental / Apartment   (Landlord signature below)

_____   Landlord Signature _____   Date _____

2. What is the purpose for possession of this controlled exotic wildlife species?

□ Possession as a personal pet
□ Possession for breeding purposes and sale of offspring
□ Possession for exhibition or attracting trade

Section C. Exotic Species Requested and Facilities Available for Containment

Please provide the following information in the space below:

1. List the controlled exotic wildlife species covered under the Hobart ordinance and indicate where you intend to obtain that species of controlled exotic wildlife.

2. Describe the facilities where the controlled exotic wildlife will be held. Attach diagrams and photographs of your enclosures, including dimensions.

3. Do you currently possess any controlled exotic wildlife species and, if so, under what permit number are these species possessed? List the species of controlled exotic wildlife species that you currently have in your possession.

_____
 I certify the above information is complete and accurate.

Applicant Name: _____

Signature: _____

Date: _____

Issued By: _____

Date: _____

Chief of Police or Designee Approval Signature	□ Approve □ Disapprove
Comments:	

Board of Appeals Committee Approval / Denial Date and Comments	□ Approve □ Disapprove
Comments:	