

Department of Agriculture, Trade and Consumer  
Protection  
Lockbox #178

JAN 18 2006

DMS-BIT-05 (02/03)

Wisconsin Department of Agriculture,  
Trade & Consumer Protection  
Contact Phone #(608) 224-4931  
50 - DTCP

License Number: 155812-VG  
Current License Expires: January 31, 2006  
Statute: 126.56

### Renewal Application Vegetable Contractor License

Application should be made in the full legal name of the business operator(s)	
Legal Name(s): List all partners if applicable BIRDS EYE FOODS, INC	MAKE CORRECTIONS / UPDATES HERE
Doing Business As: BIRDS EYE FOODS, INC.	
Business Location: Location Contact: Timothy Benjamin Telephone: 585-264-3142 Address: 90 Linden Oaks City/State/Zip: Rochester, NY 14625 County:	

LOCKBOX: 178  
BATCH: 5  
DDA NUM: 182569491

U.S. BANK

WIS DEPT OF AGRI, TRADE & CONSUMER

Date: January 18, 2006  
Page: 1  
Sys Batch: 45780

IMAGE	Amount
1 \$	125.00

The totals for the batch 125.00  
Total checks 1

VG

PLEASE MAKE CHECK PAYABLE TO : WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION  
MAIL WITH RENEWAL APPLICATION TO: BOX 93178 MILWAUKEE, WI 53293-0178

50 - DTCP  
VG - Vegetable Contractor License

TIMOTHY BENJAMIN  
BIRDS EYE FOODS, INC.  
PO BOX 20670  
ROCHESTER NY 14602-0670

Due Date: January 31, 2006	Amount Due: 125.00
Business Location: 90 Linden Oaks Rochester NY	Renewal License Number: 155812-VG
Legal Name(s): BIRDS EYE FOODS, INC	Doing Business As: BIRDS EYE FOODS, INC
TOTAL AMOUNT PAID:	\$ 125.00

JAN 18 2006



Wisconsin Department of Agriculture,  
Trade and Consumer Protection  
2811 Agriculture Drive, P O Box 8911  
Madison, WI 53708-8911

License Fee (608) 224-4930  
Procurement (608) 224-4712

**Milk Contractor Monthly License Fee and Dairy Procurement Fee Statement**

KIM WELSH GRANDE MILK MARKETING LLC 301 E MAIN ST LOMIRA WI 53048		For the Month of:	
		December 2005	
		Return completed form and fees by the 25 <sup>th</sup> of the month following the period covered	
301 Main St Lomira, WI 53048	Total Pounds from all Producers	Total Pounds From Wisconsin Producers	
		GRADE A	GRADE B
Grade A	135,741,046	104,093,556	
Grade B			

LOCKBOX: 178  
BATCH: 6  
DDA NUM: 182569491

U.S. BANK  
WIS DEPT OF AGRI, TRADE & CONSUMER

Date: January 18, 2006  
Page: 1  
Sys Batch: 21940

IMAGE	Amount
1 \$	8,280.73
2 \$	3,322.90
3 \$	30.13
4 \$	2,785.66
5 \$	28.89
6 \$	780.42
7 \$	145.83
8 \$	51.52

The totals for the batch 15,426.08  
Total checks 8

*Security*

fee, a surcharge equal to 20% of the monthly license fee The milk contractor shall pay the surcharge by the 25<sup>th</sup> day of the following month.

( from previous month)

**TOTAL AMOUNT DUE \$ 8280.73**

The undersigned hereby certifies that this is a true, complete and accurate statement of the total milk purchased from all producers and receive from in-state producers during the report period.

*Kim Welsh*  
Signature

Date

Telephone

Make check payable to:

WDATCP  
BOX 93178  
MILWAUKEE WI 53293-0178

JAN 18 2006



Wisconsin Department of Agriculture,  
Trade & Consumer Protection  
2811 Agriculture Drive, PO Box 8911  
Madison WI 53708-8911

**DAIRY TRADE PRACTICES MONTHLY REPORT AND FEE STATEMENT**

Deb Branham 30 Schroeder Dairy 2080 Rice Street Maplewood MN 55113	For the Month of:
	<b>December 2005</b>
Return completed form and fees by the 25 <sup>th</sup> of the month following the period covered.	

If you have any questions, please call Martin Scott at (608) 224-4927.

Reporting Calculations	Pounds of Product	Total CWT	Fee Rate Per 100 lbs.	Total Fee
"Selected Dairy Products" lbs.				

LOCKBOX: 178  
 BATCH: 3  
 DDA NUM: 182569491

U.S. BANK  
 WIS DEPT OF AGRI, TRADE & CONSUMER

Date: January 18, 2006  
 Page: 1  
 Sys Batch: 73990

IMAGE	Amount
1 \$	474.47
2 \$	56.77
3 \$	79.93
4 \$	1,425.44
5 \$	182.35
6 \$	34.37

*DTP*

The totals for the batch 2,253.33  
 Total checks 6

Failure to pay fees under this subsection within the time provided under par. ( c ) is a violation of this section. The department may also commence an action to recover the amount of any overdue fees plus interest at the rate of 2% per month for each month that the fees are delinquent

**Mail check and statement to:**  
 Wisconsin Department of Agriculture,  
 Trade & Consumer Protection  
 Box 93178  
 Milwaukee WI 53293-0178

JAN 18 2006

Statement/Invoice

Wisconsin Department of Agriculture, Trade and Consumer Protection

Wisconsin No Call Program

CP-132(8/04)



Bill to:

DANIEL J GILLES  
6120 ANDREW DR  
EAU CLAIRE WI 54701

License Number: WI 99-10166  
Invoice Date: 12/13/2005  
Invoice Number: 164586-1  
Funding Number: 1444-P8-824  
Date Due: 12/30/2005

Amount Due: \$6.25

Amount Enclosed:

6.25

THE ASSESSMENT RATES ARE CALCULATED BASED ON THE TELEPHONE SOLICITOR REGISTRATION ANNUAL FEE PER WIS. STAT §100.52

Date	Base	Phonelines	CD	Emails	Hard Copies	Annual Fee	Quarterly Fee
11/9/2005	\$500.00	1 \$0.00	1 \$25.00	0 \$0.00	0 \$0.00	\$525.00	\$131.25

INVOICE DETAIL

LOCKBOX: 178  
BATCH: 4  
DDA NUM: 182569491

U.S. BANK  
WIS DEPT OF AGRI, TRADE & CONSUMER

Date: January 18, 2006  
Page: 1  
Sys Batch: 77830

IMAGE	Amount
1 \$	250.00
2 \$	6.25

The totals for the batch 256.25  
Total checks 2

DNC

Please return a copy of this invoice with your payment

Remit a Copy of Invoice and Payment To:

DATCP - No Call  
Box 93178  
Milwaukee WI  
53293-0178

DATCP Contact:

No Call Program  
Consumer Specialist  
(608) 224-5175



Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Division of Trade & Consumer Protection  
 Telephone: (608) 224-5175 or (800) 422-7128 (Toll-free in Wisconsin)  
 Website: NoCall Wisconsin.gov

Mail registration form and payment to:  
 DATCP  
 Box 93178  
 Milwaukee WI 53923-0178

FOR OFFICE USE ONLY	
LICENSE NUMBER:	99-
DATE ISSUED:	
EXPIRES:	November 30, 2003
ACCT. CODE: 1444 -P8-824	

## Telephone Solicitor Registration

Application is hereby made to obtain access to the Wisconsin "No Call List" pursuant to Wis Stats § 100.52 and Wis Adm. Code ATCP 127, subch. V

This form contains personally identifiable information. The information will not be used for purposes other than that for which it is being collected.

REGISTRANT INFORMATION			
LEGAL NAME OF CORPORATION, PARTNERSHIP, PROPRIETORSHIP OR INDIVIDUAL FOR WHICH REGISTRATION IS MADE			FEDERAL TAX IDENTIFICATION (FEIN) OR SOCIAL SECURITY NUMBER
STREET ADDRESS OF PRINCIPAL LOCATION FROM WHICH YOU WILL OPERATE			
MAILING ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
PRINCIPAL BUSINESS TELEPHONE NUMBER		CONTACT NAME AND TELEPHONE NUMBER	

PERSON AUTHORIZED TO RESPOND ON YOUR BEHALF TO DEPARTMENT NOTICES OR INQUIRIES (IF DIFFERENT THAN ABOVE)				
NAME			STREET ADDRESS	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	TELEPHONE NUMBER

COMPANY TRADE NAMES OR ASSUMED NAMES USED WHEN CONTACTING THE PUBLIC (IF NECESSARY, ATTACH A SEPARATE SHEET IDENTIFIED AS ATTACHMENT 1.)	

WISCONSIN REGISTERED AGENT (OR OTHER PERSON WHO WILL ACCEPT SERVICE OF LEGAL PROCESS ON YOUR BEHALF)				
NAME			STREET ADDRESS	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	TELEPHONE NUMBER

INFORMATION ON YOUR TELEPHONE LINES AND INDIVIDUALS
ENTER THE NUMBER OF TELEPHONE LINES USED BY YOU, YOUR EMPLOYEES, AND INDIVIDUALS ACTING AS CONTRACTORS UNDER THIS REGISTRATION NUMBER OF TELEPHONE LINES: <input type="text"/> . FILL IN HERE AND IN LINE B1 ON PAGE 2.
LIST THE TELEPHONE NUMBER(S) ASSIGNED TO EACH LINE COUNTED. EXAMPLE: 999-888-7777 OR 011-888-777-66666 (IF NECESSARY, ATTACH A SEPARATE SHEET IDENTIFIED AS ATTACHMENT 2.)
ENTER THE NUMBER OF INDIVIDUALS WHO WILL MAKE TELEPHONE SOLICITATIONS UNDER THIS REGISTRATION: <input type="text"/>
ARE YOU REGISTERING ON BEHALF OF ANOTHER PERSON WHO HIRES INDIVIDUALS TO PROMOTE YOUR PRODUCTS OR SERVICES BY TELEPHONE (WIS ADMIN CODE § ATCP 127.81(1)(b))? IF SO, IDENTIFY THAT OTHER PERSON OR PERSONS. (IF NECESSARY, ATTACH A SEPARATE SHEET IDENTIFIED AS ATTACHMENT 3.)

Wisconsin Department of Agriculture,  
 Trade & Consumer Protection  
 Contact Phone #: (608) 224-4933  
 50 - DTCP

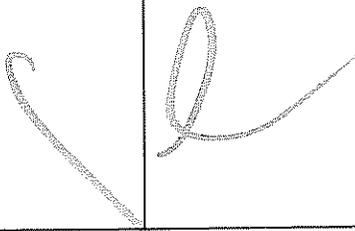
DMS-BIT-05 (02/03)

License Number: 187374-PW

Statute: 99.02

178

## Application Public Warehouse License

Legal Name: Above Board Boat Storage	MAKE CORRECTIONS / UPDATES HERE
Doing Business As: Above Board Boat Storage	
Business Location: W121 County Road U Genoa City WI 53128	
Mailing / Contact Name, Address, Phone & Email: FERD NIMPHIUS ABOVE BOARD BOAT STORAGE N798 SWAMP ANGEL WALWORTH WI 53184 262-275-1517	

You must review, complete and return all pages of this application in its entirety with the appropriate fees. Failure to do so may delay License issuance.

To avoid a late penalty fee, your application and fee must be received by the department on or before June 30, 2005. Full payment, including any penalty fees that may apply, must be received by the department before your License will be issued. If you do not apply by the deadline, your existing License will expire and you may no longer operate.

Personal information you provide may be used for secondary purposes (Privacy Law Wis Stats. s 19.62-19.80)

Applicant Type - LLC  
 State Incorporated In -  
 Country Incorporated In -

Sample

**PLEASE MAKE CHECK PAYABLE TO : WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE & CONSUMER PROTECTION  
 MAIL WITH RENEWAL APPLICATION TO: BOX 93178 MILWAUKEE, WI 53293-0178**

50 - DTCP  
 PW - Public Warehouse License

FERD NIMPHIUS  
 ABOVE BOARD BOAT STORAGE  
 N798 SWAMP ANGEL  
 WALWORTH WI 53184

Due Date: June 30, 2005	Amount Due:
Business Location: W121 County Road U Genoa City WI	License Number: 187374-PW
Legal Name: Above Board Boat Storage	Doing Business As: Above Board Boat Storage
TOTAL AMOUNT PAID:	\$ <input style="width: 100px;" type="text"/>

License Number: 187374-PW

Legal Name: Above Board Boat Storage

LICENSE FEE AND SECURITY SCHEDULE			
CLASS	SQUARE FOOTAGE	FEE	MINIMUM SECURITY REQUIRED
I	Less Than - 9,999	\$90 00	\$10,000 00
II	10,000 - 49,999	\$185 00	\$20,000 00
III	50,000 - 99,999	\$300 00	\$30,000 00
IV	100,000 - 149,999	\$400 00	\$40,000 00
V	150,000 - Over	\$500 00	\$50,000 00

<b>TOTAL SQUARE FEET</b>
<b>4,800</b>

1. AMOUNT DUE BY JUNE 30, 2005 (based on current license class)	\$ 90
2. FEE FOR ADDITIONAL SQUARE FOOTAGE IF REQUIRED (SEE SCHEDULE ABOVE)	\$
3. Penalty of 20% if complete and accurate application is postmarked after June 30th.	\$
4. Total License Fees Due (add lines 1, 2, and 3 Enter Total here and on first page under "Amount Due"	\$
Type or Print (First Name and Last Name):	Date:
Signature of applicant or officer of the applicant.	Position/Title:

Wisconsin Department of Agriculture,  
 Trade & Consumer Protection  
 Contact Phone #: (608) 224-4970  
 50 - DTCP

DMS-BIT-05 (02/03)

License Number: 195436-GW

## Application Grain Warehouse Keeper License

Legal Name: Mt. Tabor Mill, Inc.	MAKE CORRECTIONS / UPDATES HERE
Doing Business As: Mt. Tabor Mill, Inc	SAMPLE
Business Location: S0765 County Road V Kendall WI 54638	
Mailing / Contact Name, Address, Phone, Fax & Email: GORDON JOHNSON MT. TABOR MILL, INC S0765 COUNTY V KENDALL WI 54638 608-489-2241 608-489-4230	

You must review, complete and return all pages of this application in its entirety with the appropriate fees. Failure to do so

To avoid a late penalty fee, your application and fee must be received by the department on or before August 31, 2005. Full payment, including any penalty fees that may apply, must be received by the department before

Personal information you provide may be used for secondary purposes (Privacy Law Wis. Stats. s. 19.62-19.80)

Applicant Type - Corporation  
 State Incorporated In - WI  
 Country Incorporated In - USA

SAMPLE

**PLEASE MAKE CHECK PAYABLE TO : WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE & CONSUMER PROTECTION  
 MAIL WITH APPLICATION TO: BOX 93178 MILWAUKEE, WI 53293-0178**

50 - DTCP  
 GW - Grain Warehouse Keeper License

GORDON JOHNSON  
 MT. TABOR MILL, INC.  
 S0765 COUNTY V  
 KENDALL WI 54638

Due Date: August 31, 2005	Amount Due:
Business Location: S0765 County Road V Kendall WI	Renewal License Number: 195436-GW
Legal Name: Mt Tabor Mill, Inc	Doing Business As: Mt Tabor Mill, Inc
TOTAL AMOUNT PAID:	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

YOU NEED TO COMPLETE THE APPLICATION IF ONE OF THE FOLLOWING IS TRUE (CHECK ONE OR BOTH BOXES) 195436-GW

Your obligations to depositors exceeded 50,000 bu after last September 1<sup>st</sup>

You anticipate that your obligations to depositors will exceed 50,000 bu prior to next August 31<sup>st</sup>

Applicant's fiscal year-end date: September 30

**License Fee Computation:**

1	Non-refundable license processing fee	\$ 25.00
2	License fee for each location listed on application: _____ times \$25, enter the amount→	\$
3	Inspection fee – based on the combined storage capacity of all locations (See Inspection Fee Schedule below), enter the amount→	\$
4	Supplemental inspection fee for each location (excluding primary location): _____ times \$275, enter the amount→	\$
5	License surcharge of \$500 for operating without a license; enter the amount→ Other fees and surcharges may also be applied for activities during unlicensed periods (see s 126.26(3)(d), Wis. Stats.), if applicable.	\$
6	If you failed to file your annual financial statement by the specified deadline (s 126.28(1)(b)): the department will enter the license surcharge of \$100	\$
7	License surcharge of \$100 for failure to renew license by license expiration date of August 31st, enter the amount→	\$
8	Fee Credit, subtract the amount→	\$ -
9	Total License Fees (add lines 1 through 7 and subtract line 8) Enter at bottom of page 1.	

INSPECTION FEE SCHEDULE			
BUSHEL CAPACITY	FEE	BUSHEL CAPACITY	FEE
Less than 150,000 bu.	\$500.00	1,000,000 bu. - 1,999,999 bu	\$800.00
150,000 bu. – 249,999 bu	\$550.00	2,000,000 bu. - 2,999,999 bu	\$900.00
250,000 bu. – 499,999 bu	\$600.00	3,000,000 bu. - 3,999,999 bu	\$1,000.00
500,000 bu. – 749,999 bu	\$650.00	4,000,000 bu. or more	\$1,100.00
750,000 bu. – 999,999 bu	\$700.00		

Applicant agrees to indemnify the Wisconsin Agricultural Producer Security Fund (hereafter "Fund") for any and all money paid out of the Fund under s 126.71, Wis. Stats., as a result of a recovery proceeding under subchapter VII of chapter 126, Wis. Stats., conducted against applicant because of applicant's default. Applicant also agrees to indemnify any surety for any and all money a surety pays into the Fund as a result of applicant's default and a recovery proceeding under subchapter VII of chapter 126, Wis. Stats.

**\*\*\* If any lines in the following section are left blank, this application is invalid. \*\*\***

The undersigned hereby certifies that this is a true, complete and accurate application for a Grain Warehouse Keeper License under section 126.26(2), Wis. Stats.

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

Type or Print (First Name and Last Name): \_\_\_\_\_ Position/Title: \_\_\_\_\_

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) ss.  
 County of \_\_\_\_\_ )

Signed and sworn to (or affirmed) before me on \_\_\_\_\_

by \_\_\_\_\_  
Name of applicant or officer of the applicant who signed above

\_\_\_\_\_  
Signature of Notary Public (SEAL)

\_\_\_\_\_  
Please print name of Notary

Notary Public, State of \_\_\_\_\_  
 My commission expires (is permanent): \_\_\_\_\_

If you have any questions regarding this application, contact Darlene Davidson at (608) 224-4970.  
 This form contains personally identifiable information, which may be used for purposes other than that for which it was collected

Wisconsin Department of Agriculture,  
 Trade & Consumer Protection  
 Contact Phone #: (608) 224-4970  
 50 - DTCP

DMS-BIT-05 (02/03)

License Number: 187844-GL

## Application Grain Dealer License

Legal Name: F & E Gensler Co., Inc	MAKE CORRECTIONS / UPDATES HERE
Doing Business As: F & E Gensler Co., Inc.	REVIEW
Business Location: 4998 COUNTY U SHULLSBURG WI 53586-9501	
Mailing / Contact Name, Address, Phone, Fax & Email: CHARLES GENSLER F & E GENSLER CO., INC 4998 COUNTY U SHULLSBURG WI 53586 608-965-3864 608-965-4880	

You must review, complete and return all pages of this application in its entirety with the appropriate fees. Failure to do so may delay License issuance.  
 To avoid a late penalty fee, your application and fee must be received by the department on or before August 31, 2005. Full payment, including any penalty fees that may apply, must be received by the department before your License will be issued. If you do not apply by the deadline, your existing License will expire and you may no longer operate.  
 Personal information you provide may be used for secondary purposes (Privacy Law Wis. Stats. s. 19.62-19.80)

Applicant Type - Corporation  
 State Incorporated In - WI  
 Country Incorporated In - USA

REVIEW

**PLEASE MAKE CHECK PAYABLE TO : WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE & CONSUMER PROTECTION  
 MAIL WITH APPLICATION TO: BOX 93178 MILWAUKEE, WI 53293-0178**

50 - DTCP  
 GL - Grain Dealer License

CHARLES GENSLER  
 F & E GENSLER CO., INC  
 4998 COUNTY U  
 SHULLSBURG WI 53586

Due Date: August 31, 2005	Amount Due:
Business Location: 4998 COUNTY U SHULLSBURG WI	License Number: 187844-GL
Legal Name: F & E Gensler Co., Inc	Doing Business As: F & E Gensler Co., Inc
TOTAL AMOUNT PAID:	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

**Section A**

1.	Applicant's fiscal year-end date:	—December 31
2	Enter total amount you paid during your last completed fiscal year for producer grain procured in this state. If zero, please estimate the amount of producer grain that will be procured during your current fiscal year.	\$ _____ Est. \$ _____
3	How much of line 2 above was paid for using deferred payment?	\$ _____
4.	Did you have any obligations to producers under deferred payment for grain procured in this state, at any time since the beginning of your last completed fiscal year? (Response should include current fiscal year.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you make payment for grain purchased from producers upon delivery, using solely cash? (Company or personal checks are not considered cash ) If YES, you are not required to be licensed To voluntarily license, complete section B only. If No, please go to question 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do you use all grain purchased from producers yourself, solely as feed for your livestock and/or seed for planting your crops? If NO, complete sections B and C If YES, did you spend less than \$400,000 for that grain during the past license year? If YES, you are not required to be licensed To voluntarily license, complete section B only If NO, complete sections B and C.	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section B**

a)	Non-refundable license processing fee:	\$ 25.00
	If line 2 is: At least \$500,000, enter \$500 fee → and go to line c). At least \$50,000 but less than \$500,000, enter \$200 fee → and skip line c). Less than \$50,000, enter \$50 fee → and skip line c).	\$ _____
b)		\$ _____
c)	If Section A line 2 is at least \$500,000, and you use more than one business location: Multiply the # of additional business locations over the primary location ( _____ ) times \$225, enter the amount →	\$ _____
d)	If you use more than one truck to haul grain in this state: Multiply # of trucks in excess of one truck ( _____ ) times \$45, enter the amount →	\$ _____
e)	If you failed to file your annual financial statement by the specified deadline (s. 126.13(c)): the department will enter the license surcharge of \$100.	\$ _____

**Section C**

f)	License surcharge of \$100 for failure to renew your license by the license expiration date of August 31st, enter the amount →	\$ _____
g)	If you filed a financial statement and the statement was required but not audited, enter surcharge of \$425 →	\$ _____
h)	License surcharge of \$500 for operating without a license; enter the amount → Other fees and surcharges may also be applied for activities during unlicensed periods. (see s. 126.11(4)(e), Wis. Stats.), if applicable	\$ _____
i)	Fee Credit, subtract the amount →	\$ -
j)	Total License Fees: (add lines a through h and subtract line i) Enter at bottom of page 1.	\$ _____

Applicant agrees to indemnify the Wisconsin Agricultural Producer Security Fund (hereafter "Fund") for any and all money paid out of the Fund under s. 126.71, Wis. Stats., as a result of a recovery proceeding under subchapter VII of chapter 126, Wis. Stats., conducted against applicant because of applicant's default. Applicant also agrees to indemnify any surety for any and all money a surety pays into the Fund as a result of applicant's default and a recovery proceeding under subchapter VII of chapter 126, Wis. Stats.

<b>*** If any lines in the following section are left blank, this application is invalid. ***</b>	
The undersigned hereby certifies that this is a true, complete and accurate application for a Grain Dealer License under section 126.11(3), Wis. Stats.	
Signature:	Date:
Type or Print (First Name and Last Name): _____ Position/Title: _____	
State of _____ ) County of _____ ) ss.	
Signed and sworn to (or affirmed) before me on _____,	
by _____ <small>Name of applicant or officer of the applicant who signed above</small>	
_____ <small>Signature of Notary Public</small> (SEAL)	
Please print name of Notary _____	
Notary Public, State of _____	
My commission expires(is permanent) _____	

If you have any questions regarding this application, contact Darlene Davidson at (608) 224-4970.  
This form contains personally identifiable information, which may be used for purposes other than that for which it was collected



ORIGINAL

### Grain Dealer License Application

Ch. 126, Subchapter III, Wisconsin Statutes

Mail check & application to:

Wisconsin Dept. of Agriculture, Trade and Consumer Protection  
 Division of Trade & Consumer Protection – Grain Security Section  
 PO Box 8911  
 Madison, WI 53708-8911

For Office Use Only



License No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Expires August 31, \_\_\_\_\_

LEGAL NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION, COOPERATIVE OR OTHER <i>Dickeyville Feed LLC</i>	LIST ALL CORPORATION OR COOPERATIVE OFFICERS, PARTNERS, TRUSTEES, OR MANAGERS/MEMBERS (INCLUDE TITLES) IF ADDITIONAL SPACE IS NEEDED. PLEASE ATTACH A LIST
TRADE NAME IF DIFFERENT FROM LEGAL NAME	<i>Leonard J. Timmerman owner</i>
MAILING ADDRESS <i>220 North Ave P.O. Box 457</i>	
CITY STATE ZIP <i>Dickeyville WI 53808</i>	

Business operated by (check one)  Individual  Partnership  Corporation  Other

LOCKBOX: 178  
 BATCH: 2  
 DDA NUM: 182569491

U.S. BANK  
 WIS DEPT OF AGRI, TRADE & CONSUMER

Date: January 18, 2006  
 Page: 1  
 Sys Batch: 90230

IMAGE	Amount
1 \$	75.00

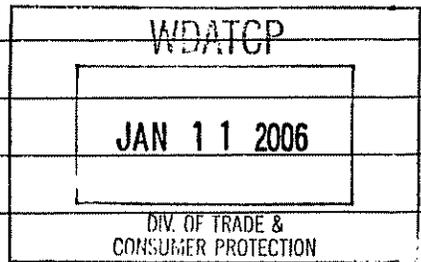
The totals for the batch 75.00  
 Total checks 1

*Grain*

7.		( )
----	--	-----

#### TRUCK INFORMATION

Make of Truck	Vehicle I.D. Number	License Plate Number
0.		
1.		
2.		
3.		
4.		
5.		
6.		





NOV 28 2005

Statement/Invoice

AF-V

Wisconsin Department of Agriculture, Trade and Consumer Protection
AGRICULTURAL PRODUCER SECURITY FUND ASSESSMENT NOTICE

Vegetable Contractor License

License Number: 155806-VG

License Expiration Date 01/31/2006

Invoice Date: 10/17/2005

Invoice Number: 155806101705

Date Due: 12/01/2005

Amount Due: \$719.00

Amount Enclosed: \$

JOYCE THOMPSON
RAZORBACK FARMS, INC.
PO BOX 291
SPRINGDALE AR 72765-0291

If the "Amount Due" shown above is not paid by the due date, an additional \$71.90 will be charged as a late payment fee

ASSESSMENT

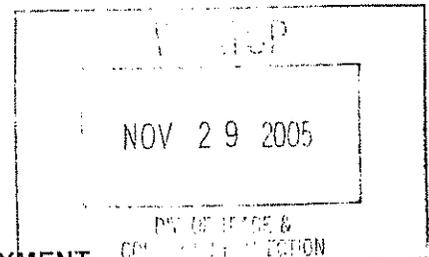
Table with 3 columns: Description, Current Ratio Assessment Rate, Current Ratio Assessment, Debt to Equity Assessment Rate, Debt to Equity Assessment, Deferred Payment Assessment. Includes rows for Annual Purchases, Debt to Equity, and Deferred Payments, with a total annual assessment of \$2,876.

OCT 24 2005

QUARTERLY

Table with 4 columns: Description, Amount, Due Date, Paid In Full?. Rows include VG Assessment Fee for 1, 2, 3, and 4 quarters.

You can pay the following remaining annual assessment amount at any time: \$719.00



PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR PAYMENT.

Remit Payment to: Wisconsin Dept of Agriculture, Trade and Consumer Protection
P.O. Box 93178
Milwaukee, WI 53293-0178

DATCP Contact: (608) 224-4931

Failure to pay the full amount due may result in the revocation of your vegetable contactor license under s. 126.86(1)(d) Stats.



# Statement/Invoice

# AF-DLR

## Wisconsin Department of Agriculture, Trade and Consumer Protection AGRICULTURAL PRODUCER SECURITY FUND ASSESSMENT NOTICE

JAN 13 2006

### Grain Dealer License

License Number: 188043-GL  
 License Expiration Date: 08/31/2006  
 Invoice Date: 12/28/2005  
 Invoice Number: 188043122805  
**Date Due: 01/18/2006**  
**Amount Due: \$23.00**

JOANNE CROWE  
 POSKIN FEED STORE INC  
 968 14TH AVE  
 POSKIN WI 54812

**Amount Enclosed:** \$ 46.00

If the "Amount Due" shown above is not paid by the due date, an additional \$50.00 will be charged as a late payment fee.

### ASSESSMENT

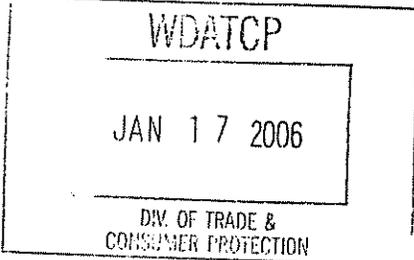
<i>Annual Grain Payments</i>	<i>Current Ratio Assessment Rate:</i>	<i>Current Ratio Assessment:</i>
\$110,295.11	.000257	\$28
<i>Annual Grain Payments</i>	<i>Debt to Equity Assessment Rate:</i>	<i>Debt to Equity Assessment:</i>
\$110,295.11	.000165	\$18
<i>Deferred Payments:</i>	<i>Deferred Payment Assessment:</i>	<i>Deferred Payment Assessment:</i>
\$0.00	0.0035	\$0
	<i>Annual Assessment:</i>	\$46
	<i>Assessment Credit Applied (ATCP 99.13):</i>	(\$0)
	<i>Assessment Reduction (ATCP 99.135):</i>	(\$0)
	<i>Total Annual Assessment:</i>	\$46

### QUARTERLY

	Amount	Due Date	Paid In Full?
GL Assessment Fee - 1 Qtr	\$11.50		N
GL Assessment Fee - 2 Qtr	\$11.50	01/18/2006	N
GL Assessment Fee - 3 Qtr	\$11.50		
GL Assessment Fee - 4 Qtr	\$11.50		

You can pay the following remaining annual assessment amount at any time: **\$46.00**

Quarter 1 payment due 10/1 - Quarter 2 payment due 1/1 - Quarter 3 payment due 4/1 - Quarter 4 payment due 7/1



**PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR PAYMENT.**

Remit Payment to: Wisconsin Dept of Agriculture, Trade and Consumer Protection  
 P O. Box 93178  
 Milwaukee, WI 53293-0178

DATCP Contact: (608) 224-4969

Failure to pay the full amount due may result in the revocation of your grain dealer license under s. 126.86(1)(d) Stats.



# Statement/Invoice

# AF-WHS

Wisconsin Department of Agriculture, Trade and Consumer Protection  
**PAID**  
AGRICULTURAL PRODUCER SECURITY FUND ASSESSMENT NOTICE

Grain Warehouse Keeper License

License Number: 188189-GW  
License Expiration Date: 08/31/2006  
Invoice Date: 01/06/2006  
Invoice Number: 188189010606

**Date Due: 01/27/2006**  
**Amount Due: \$10.00**

**Amount Enclosed:** \$ 20.00

If the "Amount Due" shown above is not paid by the due date, an additional \$50.00 will be charged as a late payment fee.

### ASSESSMENT

<i>Grain Capacity (bushels)</i>	<i>Current Ratio Assessment Rate:</i>	<i>Current Ratio Assessment:</i>
16,116.63	.000257	\$4
<i>Grain Capacity (bushels)</i>	<i>Debt to Equity Assessment Rate:</i>	<i>Debt to Equity Assessment:</i>
16,116.63	.000165	\$3
<i>Annual Assessment:</i>		\$20
<i>Assessment Credit Applied (ATCP 99.25):</i>		(\$0)
<i>Assessment Reduction (ATCP 99.255):</i>		(\$0)
<i>Total Annual Assessment:</i>		\$20

### QUARTERLY

	Amount	Due Date	Paid In Full?
GW Assessment Fee - 1 Qtr	\$5.00	01/27/2006	N
GW Assessment Fee - 2 Qtr	\$5.00	01/27/2006	N
GW Assessment Fee - 3 Qtr	\$5.00		
GW Assessment Fee - 4 Qtr	\$5.00		

You can pay the following remaining annual assessment amount at any time: **\$20.00**

Quarter 1 payment due 10/1 - Quarter 2 payment due 1/1 - Quarter 3 payment due 4/1 - Quarter 4 payment due 7/1

**PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR PAYMENT.**

Remit Payment to: Wisconsin Dept of Agriculture, Trade and Consumer Protection  
P O. Box 93178  
Milwaukee, WI 53293-0178

DATCP Contact: (608) 224-4967  
126.86(1)(d) Stats.

Failure to pay the full amount due may result in the revocation of your grain warehouse keeper license under s.

Amount Enclosed:



WIS DEPT OF AGRICULTURE TRADE AND CONSUMER PROTECTION  
 DIVISION OF TRADE AND CONSUMER PROTECTION  
 BUREAU OF BUSINESS TRADE PRACTICES  
 P.O BOX 8911  
 MADISON, WI 53708-8911

**AF-M**

**PRODUCER FUND ASSESSMENT INVOICE**

ANITA KLEIN  
 AGRICULTURAL PRODUCERS PRICING  
 205 MULBERRY DRIVE  
  
 WALDO WI 53093

Invoice Date: 10/22/02  
 Invoice Number: 0283-2002-1  
 Date Due: 6/1/2002  
**Amount Due: \$354.20**

Amount Enclosed:   
 (also write amount enclosed on top of form)

THE ASSESSMENT RATES ARE CALCULATED FROM AGRICULTURAL PRODUCERS PRICING'S ANNUAL FINANCIAL STATEMENT DATED 8/31/01 PER WIS. STATS. S. 126.46

Annual Purchases: X Current Ratio Assessment: = Current Ratio Assessment:  
 \$2,833,563 X 0.000250 = \$708.39

Annual Purchases: X Debt to Equity Assessment: = Debt to Equity Assessment:  
 \$2,833,563 X 0.000250 = \$708.39

Total Annual Assessment: \$1,416.78  
 Assessments paid to date: \$708.40  
 Assessment Balance Remaining: \$708.38  
 Quarterly Assessment Due:   
 Date Quarterly Amount Due: 6/1/2002

**If this invoice is not paid by the due date, an additional \$50.00 will be charged as a late payment fee.**

You may pay the full assessment amount (\$708.38) at this time. If you only pay the quarterly amount, your quarterly installments and dates due will be:

9/1/2002	\$354.20
12/1/2002	\$354.20
3/1/2003	\$354.18

**Please return a copy of this invoice with your payment.**

Remit Payment to:  
 Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Box 93178  
 Milwaukee, WI 53293-0178



Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Division of Trade & Consumer Protection  
 PO Box 8911  
 Madison, WI 53708-8911 (608) 224-4959  
 S. 98.18, Wis. Stats. - S. 92.21, Wis. Adm. Code

FOR OFFICE USE ONLY

CERT. NUMBER:  
 DATE ISSUED:

## SERVICE COMPANY TECHNICIAN CERTIFICATION

Technician Name (First, Middle, Last) \_\_\_\_\_

Service Company Name \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate (Month/Day/Year) \_\_\_\_\_

Phone \_\_\_\_\_ Bus. License # \_\_\_\_\_

**Please check the applicable NIST Handbook 44 certification categories for which you are requesting registration:**

<input type="checkbox"/> HB 44 -- General Code Provisions	<input type="checkbox"/> Vehicle Scales	<input type="checkbox"/> Vehicle Tank Meters
<input type="checkbox"/> Retail Computing Scales	<input type="checkbox"/> Railroad Track Scales	<input type="checkbox"/> LPG Meters
<input type="checkbox"/> Medium Capacity Scales (500 to 5000 lbs)	<input type="checkbox"/> Belt Conveyor Scales	<input type="checkbox"/> Agrichemical/Mass Flow Meters
<input type="checkbox"/> Livestock Scales	<input type="checkbox"/> Retail Motor Fuel/Liquid Measuring Devices	<input type="checkbox"/> Other (Please specify) _____

Applicants who have already successfully completed a registered service company technician exam in any participating jurisdiction listed below are **not required** to take another Wisconsin exam for that specific device category or Handbook 44 General Code provisions if tested within the previous 5 years. **Please check the appropriate box where registration or certification was issued, and include proof of registration or test results with this application if tested outside of Wisconsin.**

- |                                   |                               |                                    |                                   |                               |                                   |                                    |
|-----------------------------------|-------------------------------|------------------------------------|-----------------------------------|-------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Iowa | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Wisconsin |
|-----------------------------------|-------------------------------|------------------------------------|-----------------------------------|-------------------------------|-----------------------------------|------------------------------------|

The applicant hereby acknowledges that he/she owns or is employed with a Wisconsin licensed service company, and possesses proper standards for performing work on commercial weighing and measuring devices as required by NIST Handbook 44 and applicable Examination Procedure Outlines, and that these test standards are traceable to NIST. The applicant also acknowledges that this certification expires 5 years after the date issued by the Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Applicants who are not registered service company technicians in another participating state for any of the above listed device categories are required to successfully complete a certification exam for each competency area. A separate technician exam application form is required for this purpose.



Wisconsin Department of Agriculture, Trade & Consumer Protection
Division of Trade & Consumer Protection
PO Box 8911
Madison, WI 53708-8911 (608) 224-4938
Section 98.18, Wis. Stats.

2000 License Fee: \$200.00

FOR OFFICE USE ONLY
LICENSE NUMBER 83-
DATE ISSUED:
EXPIRES: DECEMBER 31, 1999
ACCT 1428 P1 1 34 R-7000 G5

Handwritten number 178 in a circle

2000 Weights and Measures License Renewal

PLEASE CLEARLY PRINT OR TYPE CORRECTIONS TO MAILING ADDRESSES IN SPACE PROVIDED BELOW.

Attention
Company Name
Mailing Address
PO Box
City/State/Zip
Contact Person
Phone ( ) - Fax ( ) -

Primary contact person for business

SCALE BUSINESS, METER BUSINESS, OTHER BUSINESS
DEVICES TESTED (Check All That Apply)
Analytical Balances, Computing and Small Capacity, Large Capacity Platform and Hopper, Vehicle and Livestock, Other (list)
Gas and Diesel Dispensers, Vehicle Tank Meters, Terminal Meters, LPG, Other (list)
Dairy Equipment, Mass Flow, Weights, Other (list)

TOTAL NUMBER OF SERVICE TECHNICIANS EMPLOYED AT ALL LOCATIONS COMBINED

Mark this box if you only service your own weights and measures equipment and do not provide weights and measures services on a commercial basis to other individuals or businesses The non-commercial weights and measures fee is \$100

Equipment Calibration Test Requirements

Weights and measures service equipment must be tested at least every two years by a NIST-certified laboratory If your equipment has been tested in a lab other than the State of Wisconsin, please attach copies of the test reports (showing the state, date, and equipment tested) to this license application form

License Fee Requirements

The annual fee for each person (business) operating in Wisconsin licenses you to engage in the business of installing, servicing, testing, or calibrating weights and measures The license fee is \$200 00 for your first business location and \$50 00 for each additional location, and is not prorated for partial license years

Make check payable to DATCP and return with this completed and signed form to:

Wisconsin Department of Agriculture, Trade & Consumer Protection
Box 93178
Milwaukee, WI 53293-0178

PLEASE NOTE:

There is a \$200 00 surcharge in addition to application fee if found operating without a license Applications are to be returned within 30 days of receipt

The undersigned, authorized to act on behalf of the applicant, hereby certifies that this is a true, complete and accurate application for license pursuant to section 98.18, Wis. Stats. and agrees to have test equipment inspected by a NIST accredited laboratory every two years or as required.

SIGNATURE OF APPLICANT POSITION/TITLE DATE



Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Division of Trade & Consumer Protection  
 PO Box 8911  
 Madison, WI 53708-8911 (608) 224-4938

LICENSE FEE: \$60.00

FOR OFFICE USE ONLY	
LICENSE NUMBER	81- <b>178</b>
DATE ISSUED:	
EXPIRES:	<b>MARCH 31, 2001</b>
ACCT 1428 P1 1 34 R-7000 G6	

Section 98.16, Wis. Stats.

WEIGHTS and MEASURES

# Vehicle Scale License Application

CONTACT AND MAILING INFORMATION			
NAME OF CONTACT PERSON		ATTENTION	
PHONE NUMBER		NAME OF LICENSEE	
MAILING ADDRESS			
CITY		STATE	ZIP CODE

VEHICLE SCALE INFORMATION				
DIRECTIONS TO SCALE		SCALE SERIAL NUMBER		COC NUMBERS (Certificate of Conformance) SCALE: _____
ADDRESS OF VEHICLE SCALE		INDICATOR SERIAL NUMBER		INDICATOR: _____
CITY	STATE	ZIP CODE	CAPACITY OF SCALE IN TONS	LOAD CELLS: _____
	<b>WI</b>			(Contact service rep or manufacturer if you need assistance) <u>OR</u> If operated commercially before 1/1/97 provide name of previous operator: State Id no. (under which device was licensed) <u>OR</u> copies of invoices/bills of lading demonstrating commercial use of device.
			LENGTH OF SCALE DECK IN FEET	

ANNUAL PRIVATE TESTING REQUIREMENT	
Vehicle scales with a weighing capacity of 5,000 pounds or more used for the commercial weighing of commodities must be tested and inspected annually by an independent scale testing or service company in accordance with specifications, tolerances, standards and procedures established by the national institute of standards and technology and the department for the testing and examination of scales. using test weights approved by the department. (Section 98.25, Wis Stats ) Please attach a copy of the most recent test report from a scale testing or service company to this application form	
<input type="checkbox"/> Test report attached to application <input type="checkbox"/> Test report not attached to application Reason: _____	

Check this box if the vehicle scale is portable, intended to be moved, and not permanently installed

LICENSE FEE
The annual fee for <u>each</u> commercial vehicle scale operated in Wisconsin is \$60.00 and is not prorated for partial license years. If you or your business operates more than one vehicle scale in Wisconsin, please copy this application form and submit one copy for each scale that you operate in Wisconsin. Make check payable to DATCP and return with completed and signed forms to:

MAIL TO: Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Box 93178  
 Milwaukee, WI 53293-0178

PLEASE NOTE: There is a \$200.00 surcharge in addition to application fee if found operating without a license. Applications are to be returned within 30 days of receipt.

The undersigned, authorized to act on behalf of the applicant, hereby certifies that this is a true, complete and accurate application for license pursuant to section 98.16, Wis Stats and agrees to have vehicle scale tested and inspected annually by an independent scale testing or service company in accordance with section 98.25, Wis Stats.		
SIGNATURE OF APPLICANT	POSITION/TITLE	DATE

178

REGISTRATION FEE \$25.00



Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Division of Trade & Consumer Protection  
 PO Box 8911  
 Madison, WI 53708-8911 (608) 224-4948

Wis Stats, Section 98.245

WEIGHTS and MEASURES

LPG Registration Application

FOR OFFICE USE ONLY		
REGISTRATION NUMBER 84-		
DATE ISSUED:		
ACCT 1428 P1 1 34 R - 7000 G7		

**CONTACT AND MAILING INFORMATION**

NAME OF CONTACT PERSON		ATTENTION	
PHONE NUMBER		NAME OF REGISTRANT	
MAILING ADDRESS			
CITY		STATE	ZIP CODE

**LPG METER INFORMATION**

DIRECTIONS TO METER			MAKE OF METER	Truck Meter <input type="checkbox"/>
ADDRESS OF LPG METER			METER SERIAL NUMBER	Stationary Meter <input type="checkbox"/>
CITY	STATE WI	ZIP CODE	SIZE (inches)	
			MAX RATE (gal/min)	

**ANNUAL PRIVATE TESTING REQUIREMENT**

Please attach a copy of the most recent test report from a meter testing or service company to this registration form

- Test report attached to application
- Test report not attached to application Reason:

*The owner of a meter shall have the meter tested annually by a meter servicing company that is licensed by the department. Wis Stats, 98.245 (7) (b)*

**REGISTRATION FEE**

The registration fee for each LPG meter operated in Wisconsin is \$25.00. If you or your business operates more than one LPG meter in Wisconsin, please copy this registration form and submit one copy for each LPG meter that you operate in Wisconsin.

Make Check payable to **DATCP** and return with completed and signed forms to:

Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Box 93178  
 Milwaukee, WI 53293-0178

PLEASE NOTE: You will be charged a \$250.00 surcharge in addition to the registration fee if you operate an unregistered meter. Applications are to be returned within 30 days of receipt.

The undersigned, authorized to act on behalf of the applicant, hereby certifies that this is a true, complete and accurate application for registration pursuant to section 98.245, Wis Stats and agrees to have LPG meters tested and inspected annually by an independent meter testing or service company in accordance with section 98.245 (7) (b), Wis. Stats.

SIGNATURE OF APPLICANT	POSITION/TITLE	DATE / /
------------------------	----------------	-------------

178

Wisconsin Department of Agriculture, Trade and Consumer Protection  
Trade and Consumer Protection Division  
P.O. Box 8911  
Madison, WI 53708-8911 (608) 224-4940

FOR OFFICE USE ONLY

AMOUNT	
DUE	\$80
BATCH NO.	
DATE APPROVED	
EXPIRES:	FEBRUARY 28, 20
	ACCT 1429 PI EAR 7000

# MOBILE AIR CONDITIONING REGISTRATION RENEWAL

FOR OPERATIONS WHICH REPAIR & SERVICE MOTOR VEHICLE  
AIR CONDITIONING AND TRAILER REFRIGERATION SYSTEMS  
CP-100 (rev. Jan. 1996) Section 100.45, Wis. Stats.

IF THE INFORMATION ON THE MAILING LABEL IS INCORRECT PLEASE  
MAKE CHANGES BELOW.

Name

Trade Name If Different

Name of Contact Person

Mailing Address

( ) -

Phone No.

City State Zip Code

## RECOVERY/RECYCLING EQUIPMENT Changes during past year (manufacturer, model, and serial number)

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

## CERTIFIED EQUIPMENT OPERATORS (Include course sponsor and completion date)

Please make corrections or additions. Attach additional sheets if needed.

## FEE CALCULATION

The annual fee for each business location covers registration as an operation performing repairs and servicing of motor vehicle air conditioning or trailer refrigeration systems. Please submit one completed registration form per business location. The registration fee is \$80.00 for each business location. A \$160 registration surcharge shall be levied for operations without a valid registration. Make check payable to DATCP and return with enclosed envelope to:

Wisconsin Department of Agriculture, Trade & Consumer Protection  
Drawer 93178  
Milwaukee, WI 53293-0178

PLEASE NOTE: There is an additional \$16.00 late fee for applications postmarked after February 28.

The undersigned, authorized to act on behalf of the applicant, hereby certifies that this is a true, complete and accurate statement for registration pursuant to section 100.45, Wis. Stats. and Chapter ATCP 136, Wis. Adm. Code.

SIGNATURE OF APPLICANT POSITION/TITLE DATE

Department of Agriculture, Trade and Consumer  
Protection  
Lockbox #193

PO Box 93193  
 Milwaukee WI 53293-0193  
 Phone: (608) 224-4548

JAN 18 2006

License #		CHECK #				
Fund	ORGN	Sub Org	Appr	Rev Code	Sub	Rev
257	7570	S7	700R	7205	7P	\$55
259	7590	S7	700R	7000	7P	\$70

# Commercial Pesticide Application Business License Application

for January 1 to December 31, 2005 (Section 94.703, Wis. Stats.)

Business Name and Mailing Address		
LEGAL BUSINESS NAME <b>ADVANCED WILDLIFE CONTROL LLC</b>		
ALSO OPERATING UNDER THE FOLLOWING NAMES <b>WILDLIFE CONTROL LLC</b>		
STREET ADDRESS <b>8041 W. MEQUON RD.</b>		
P.O. BOX	COUNTY <b>OZAUKEE</b>	
CITY <b>MEQUON</b>	STATE <b>WI</b>	ZIP <b>53097</b>
<b>REQUIREMENTS:</b> All licensees must complete an application form and pay an annual fee of \$125 for each business location. If a licensee operates in this state from more than one business location, each location requires a separate license application and fee of \$125. This includes any new		<b>Point of Clarification:</b> A business which receives payment or advertises as a provider of pesticide applications is a commercial application business, as is any commercial applicator who acts as an independent contractor on behalf of the aforementioned business. An example is a farm supply location that takes a

LOCKBOX: 193  
 BATCH: 13  
 DDA NUM: 182569678

U.S. BANK  
 WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
 Page: 1  
 Sys Batch: 36450

IMAGE	Amount
1 \$	125.00
2 \$	60.00

The totals for the batch 185.00  
 Total checks 2

FAX <b>1000 1072-4270</b>	APPLICANT SIGNATURE <b>Paul Thiel</b>	DATE <b>1-10-06</b>
<b>AFFIRMATION:</b> The above signed person hereby certifies that the information submitted on this form and any attached pages is complete and accurate. Completion of this application is required before a license will be issued. *Personal information you provide, except for your social security number, may be used for secondary purposes (Privacy Law secs. 19.62-19.80, Wis. Stats.). Your social security number is required under sec. 93.135, Wis. Stats., to determine if state licenses, certifications and permits for individuals who have failed to make court-ordered, family support payments should be issued, received, suspended or restricted.		

**IMPORTANT: LICENSES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

Make check payable to: Wisconsin Department of Agriculture, Trade & Consumer Protection (WDATCP)  
 Mail form & check to: State of Wisconsin, DATCP, Box 93193, Milwaukee WI 53293-0193

Make a photocopy of this application to serve as a receipt for your records.

FILL OUT BACK SIDE OF THIS FORM

OVER ⇨

UA



Wisconsin Dept of Agriculture, Trade & Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Agrichemical Management  
 PO Box 93193  
 Milwaukee WI 53293-0193  
 Phone: (608) 224-4548

JAN 18 2006

OFFICE USE ONLY						
Date Received						
Check #						
Fund	ORGN	Sub Org	Appr	Rev Code	Sub	Rev
257	7570	S7	700R	7205 7G	7G	\$20
259	7590	S7	700R	7000 7G	7G	\$40

## Individual Commercial Pesticide Applicator License Application for January 1 to December 31, 2006 (Section 94.704, Wis. Stats.)

Applicant Name and Home Address				Employer's Name and Address (DO NOT LEAVE BLANK)			
NAME - LAST <i>Nelson</i>				LEGAL BUSINESS NAME <i>Garden Valley Cooperative</i>			
FIRST <i>Kella</i>				ALSO OPERATING UNDER THE NAME(S): <i>Garden Valley Coop</i>			
MI <i>M</i>				STREET ADDRESS <i>51853 Cty Rd U</i>			
HOME STREET ADDRESS <i>N45619 Cty Rd U</i>				P O BOX			
P.O. BOX <i>0550</i>				CITY <i>Wauwanessee</i>			
CITY <i>Trempealeau</i>				STATE <i>WI</i>			
COUNTY				ZIP <i>54622</i>			
STATE <i>WI</i>				HOME TELEPHONE NUMBER			
ZIP <i>54758</i>							

LOCKBOX: 193  
 BATCH: 7  
 DDA NUM: 182569678

U.S. BANK  
 WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
 Page: 1  
 Sys Batch: 62970

IMAGE Amount  
 1 \$ 72.00

The totals for the batch 72.00  
 Total checks 1

*CA*

ONLY as a part of the check

**IMPORTANT: LICENSES ARE NON-TRANSFERABLE, NON-REFUNDABLE AND EXPIRE ANNUALLY ON DECEMBER 31.**

Make check payable to: Wisconsin Dept of Agriculture, Trade and Consumer Protection (WDATCP)  
 Mail form & check to: State of Wisconsin, DATCP, Box 93193, Milwaukee WI 53293-0193

**AFFIRMATION:** I hereby certify that the information submitted on this form and any attached pages are complete and accurate  
 Completion of this application and payment of the appropriate license fee is required before a license will be issued  
 Personal information you provide may be used for purposes other than that for which it was originally collected (Privacy Law  
 sec 19 62-19 80, Wis. Stats )

CERTIFIED APPLICATOR SIGNATURE <i>Kella Nelson</i>	MONTH <i>Jan.</i>	DAY <i>9</i>	YEAR <i>2006</i>
---	----------------------	-----------------	---------------------

Mail the "Department Copy" and the fee. Applicant must carry a copy of this application as a temporary license until the department grants or denies the application. The department will issue a decision on the application within 30 business days.



Wisconsin Dept. of Agriculture, Trade & Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Agrichemical Management  
 PO Box 93193  
 Milwaukee WI 53293-0193  
 Phone: (608) 224-4548

1 18 2006

OFFICE USE ONLY						
Date Received			Check #			
License #						
Fund	ORGN	Sub Org	Appr	Rev Code	Sub	Rev
257	7570	S7	700R	7205	7G	\$20
259	7590	S7	700R	7000	7G	\$40
259	7590	S7	700R	7000	7J	\$75

## Reciprocal Pesticide Applicator Certification & License Application for January 1 to December 31, 2006 (Section 94.704 and 94.705(4), Wis. Stats.)

Please enter your employer information below:  BUSINESS NAME _____	New Applicants: Complete information in the space below. Renewals: Make corrections to label in the space below.		
	NAME JAIME C. KORBECKI		
	PERMANENT ADDRESS 259 WINSTON LANE		
	CITY BLOOMINGDALE	STATE IL	ZIP 60108
DATE OF BIRTH 8/10/79		HOME TELEPHONE NO. (630) 893-7219	

LOCKBOX: 193  
 BATCH: 5  
 DDA NUM: 182569678

U.S. BANK  
 WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
 Page: 1  
 Sys Batch: 13160

IMAGE 1 \$ Amount 147.00

The totals for the batch 147.00  
 Total checks 1

CA

under option 2 above. Commercial Applicators are required to be licensed in Wisconsin, in addition to being certified. Licensing requirements are stated on the reverse side of this form. If you have questions call the Certification and Licensing Office at (608) 224-4548.

1. What reciprocal certification do you request?

Private

Commercial

147.00

If your answer to question 1 is "Private," no fee is required, but this form must be returned to WDATCP. Please sign and date this application on the reverse side, and return to the address at the top of this form.

2. In what category(ies) do you have valid certification?

List certification code and description (example: 3.0/Ornamental & Turf) Mosquito and Aquatic

**This is an application only. You may not legally use pesticides until this application has been accepted and approved by WDATCP, and you have been issued your reciprocal certification and license. Please complete and sign the reverse side of this form.**



Wisconsin Department of Agriculture,  
Trade & Consumer Protection  
PO Box 8911, Madison, WI 53708-8911  
Telephone (608)224-4548  
ARM-ACM-239

JAN 18 2006

**FOR DATCP USE ONLY**

2005 License Number(s)  
93-001997-001997  
Date Received \_\_\_\_\_ Check No. \_\_\_\_\_

**2006 License Application Renewal for**  
Dealer of Restricted-Use Pesticides (s. 94.685, Wis. Stats.) and  
Commercial Pesticide Application Business (s.94.703, Wis. Stats.)

LICENSE	DEPOSIT TO	AMOUNT
92	259 7590 S7 700R 7000 7M	_____
92	257 7570 S7 700R 7205 7M	_____
93	259 7590 S7 700R 7000 7P	_____
93	257 7570 S7 700R 7205 7P	_____

Legal Business Name and Mailing Address

SUPERIOR LAWNS INCORPORATED  
ATTN: BRYAN BRAUN  
1332 PARKVIEW RD  
GREEN BAY, WI 54304

Note: The physical address for this license is listed below on this renewal application in the section titled "Physical Location of Licensed Site".

Make Corrections Here

ALSO OPERATING UNDER THESE NAMES (ADD, MODIFY OR DELETE, AS APPROPRIATE)

**SPRING GREEN LAWN CARE**

**BUSINESS E-MAIL ADDRESS**

Should the license and future renewal applications be sent to the licensed site address (below)? If so, be sure to indicate the mailing address if it is different from the physical site address

Yes  No

Type of Organization

LLC  Partnership  Cooperative  Corporation  Sole Proprietor

LOCKBOX: 193  
BATCH: 3  
DDA NUM: 182569678

U.S. BANK  
WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
Page: 1  
Sys Batch: 70890

IMAGE	Amount
1 \$	139.00

The totals for the batch 139.00  
Total checks 1

CA

(720) 337-2007	BRYAN BRAUN APPLICANT'S SIGNATURE	Manager	DATE
(920) 337-1982	Bryan Braun		12/15/05

Affirmation: The above signed person hereby certifies that the information submitted on this form and any attached pages is complete and accurate. Completion of this application is required before a license will be issued. \*Personal information you provide, except for your social security number, may be used for secondary purposes (Privacy Law ss. 19.62-19.80, Wis. Stats.). Your social security number is required under s.93.135, Wis. Stats., to determine if state licenses, certifications and permits for individuals who have failed to make court-ordered, family support payments should be issued, received, suspended or restricted.

- **Make check payable to:** Wisconsin Department of Agriculture, Trade & Consumer Protection (WDATCP)
- **Mail form and payment to:** Box 93193, Milwaukee, WI 53293-0193
- **Make a photocopy of this complete form to serve as a receipt for your records.**

KEEP A COPY FOR YOUR RECORDS

Please complete the other side of this form

**OVER**





Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Plant Industry  
 PO Box 8911  
 Madison WI 53708-8911  
 Phone: (608) 224-4572

JAN 18 2006

Check One	<input checked="" type="checkbox"/>	New
	<input type="checkbox"/>	Renewal
License Number:		

**Nursery Grower License Application**  
 for February 20 to February 19 (Section 94.10, Wis. Stats.)

Mail Address 1550 DUTCH HERITAGE LANE BALDWIN WI. 54002	BUSINESS NAME HIDDEN SPRINGS TREE FARM
	BUSINESS ADDRESS N 6340 HIGHWAY 72
	BUSINESS CITY/ZIP ELMWOOD WI. 54740
IF YOUR ADDRESS HAS CHANGED, MAKE CORRECTIONS ABOVE	E-mail BILL.GLEASON@AGSTATESGROUP.COM
Check One: Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>	FAX NUMBER (262) 313-2851
TELEPHONE NUMBER (715) 688-6173	TYPE/PRINT APPLICANT'S NAME WILLIAM M. GLEASON
APPLICANT'S SIGNATURE William M. Gleason	

Indicate below those items which you produce for sale:	ACRES	Table 1. Gross Annual Sales of Nursery Stock You Grew	Nursery License Fee	Your Gross Annual Sales (Check One)
Coniferous Trees		\$251 to \$5,000	\$40	<input checked="" type="checkbox"/>
Coniferous Seedlings &		\$5,001 to \$20,000	\$75	<input type="checkbox"/>

LOCKBOX: 193  
 BATCH: 10  
 DDA NUM: 182569678

U.S. BANK  
 WI. DEPT OF AGRICULTURE

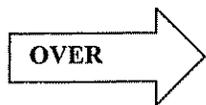
Date: January 18, 2006  
 Page: 1  
 Sys Batch: 16520

IMAGE 1 \$ Amount 40.00

*NU GWP*

The totals for the batch 40.00  
 Total checks 1

Add 20% penalty fee if renewing license on or after February 20 (unless new license)	\$ _____	\$201 to \$5,000	\$20
		\$5,001 to \$20,000	\$55
		\$20,001 to \$100,000	\$90
		\$100,001 to \$200,000	\$150
		\$200,001 to \$500,000	\$250
		\$500,001 to \$2,000,000	\$450
Total License Fee (Calculated from tables at right)	\$ <u>40.00</u>	> \$2,000,001	\$900





Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Division of Agricultural Resource Management  
 PO Box 8911  
 Madison WI 53708-8911  
 Phone: (608) 224-4500

*JAN 18 2006*

OFFICE USE ONLY	
DATE:	12/8/2005
SENDER'S NAME:	Debra Viedma
SENDER'S TELEPHONE NUMBER:	(608) 224-4616

**Invoice for Services/Charges** (Section 20.115(7)(ga), Wis. Stats.)

NELSON PRODUCTS INC  
 ATTN WILLIAM LUCAS  
 PO BOX 550086  
 ATLANTA GA 30355

Invoice Number: 06-727-5043  
 Make check payable to: **WI DATCP**  
 LICENSE #: 30-012457  
 Payment Due Date: 30 Days from Invoice Date  
 Amount Enclosed: \$

DATE	QUANTITY	ITEM AND/OR DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
12/8/2005		Additional Fertilizer license/tonnage fees due.		

LOCKBOX: 193  
 BATCH: 4  
 DDA NUM: 182569678

U.S. BANK  
 WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
 Page: 1  
 Sys Batch: 24380

IMAGE                      Amount  
 1    \$                              29.00

*FERT*

The totals for the batch 29.00  
 Total checks 1

Balances not paid by due date will be charged interest at the rate of 1% per month on the unpaid balances for all services rendered under secs 93.06(1)(f); (1d); (1m); (1n)(b); (1p); and (1z), Wis Stats  RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT TO INSURE PROPER CREDIT OF YOUR ACCOUNT  <i>ck# 1538 1-13-06</i>	County (if Applicable)	0% Sales Tax	
		0.5% County Sales Tax	
		Subtotal Current Charges	
		Previous Balance Due	
		Interest Due	
	Total Due		<b>\$ 29.00</b>



Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Division of Agricultural Resource Management  
 PO Box 8911  
 Madison WI 53708-8911  
 Phone: (608) 224-4537

JAN 18 2006

## Wisconsin Payment Summary: Commercial Feed (Section 94.72(6), Wis. Stats.)

Use this sheet to add up all fees due

### LICENSE FEES for 2006-2007:

- a. For Wisconsin manufacturing/labeling sites. pay \$25.00 each

LOCKBOX: 193  
 BATCH: 6  
 DDA NUM: 182569678

U.S. BANK  
 WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
 Page: 1  
 Sys Batch: 59110

IMAGE	Amount
1 \$	39.50
2 \$	25.00

*Feed*

The totals for the batch 64.50  
 Total checks 2

Make check payable to: Wisconsin Department of Agriculture, Trade & Consumer Protection (WDATCP)

Mail form & check to: State of Wisconsin  
 DATCP  
 Box 93193  
 Milwaukee WI 53293-0193

Personal information you provide may be used for purposes other than that for which it was originally collected (Privacy Law sec. 19.62-19.80, Wis. Stats.)

ARM-ACM-347 (Rev. 12/04)



Wisconsin Dept. of Agriculture, Trade & Consumer Protection  
Division of Agricultural Resource Management  
Bureau of Agrichemical Management  
PO Box 93193  
Milwaukee WI 53293-0193  
Phone: (608) 224-4537

JAN 18 2006

FOR DATCP USE ONLY	
259 7590 S7 700R 7000 71	\$
100 1428 P1 134R 7000 71	\$
259 7590 S7 700R 9300	\$

### Commercial Feed Tonnage Fee Annual Report for January to December, 2004 (Section 94.72, Wis. Stats.)

Your Mailing Address:

31-006651

Print or type all required information

Check One:

LOCKBOX: 193  
BATCH: 9  
DDA NUM: 182569678

U.S. BANK  
WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
Page: 1  
Sys Batch: 99570

IMAGE	Amount
1 \$	26.50

*FEED*

The totals for the batch 26.50  
Total checks 1

- 3. Net tonnage, subtract line 2 from line 1 ..... 03 6 tons
- 4. Inspection fee due: Line 3 times 25 cents per ton. If line 3 is zero, no fee is due ..... 04 \$ \$1.50  
There is no minimum tonnage fee.
- 5. Late filing penalty fee: If inspection fee is not paid by February 28, 2005, ..... 05 \$ \$26.50  
add 10% of line 4. Minimum Penalty \$10.00
- 6. Total tonnage fees due - add lines 4 and 5 ..... 06 \$

**Make check payable to:** Wisconsin Department of Agriculture, Trade & Consumer Protection (WDATCP)  
**Mail this form with license renewal and fees to:** State of Wisconsin DATCP, Box 93193, Milwaukee WI 53293-0193

I hereby certify that this is a true and accurate report of all commercial feed sold and distributed in or into the state of Wisconsin for the period  
January 1, 2004 through December 31, 2004.

PRINT OR TYPE YOUR NAME Holly Sher	YOUR TITLE President
SIGNATURE <i>Holly Sher</i>	TELEPHONE NUMBER ( 847- ) 537-0102
DATE 1/13/06	FAX ( 847 ) 537-0179
BUSINESS E-MAIL ADDRESS	Print or type all required information

JAN 18 2006



Wisconsin Department of Agriculture, Trade & Consumer Protection  
Agricultural Resource Management Division  
2811 Agriculture Drive, P O Box 8911  
Madison, Wisconsin 53708-8911  
phone 608-224-4628 fax 608-224-4656  
http://www.datcp.state.wi.us

FOR OFFICE USE ONLY	
Date Received:	
Registration Number:	1763
Revenue Code	7000-44 Registration 7000-74 Certificates

ARM-PI-299 (Rev. 11/04)

Make address corrections here:

### 2006 Cultivated Ginseng Registration and Certificate Application

For January 1st to December 31st, 2006 (Section 94.57, Wis. Stats.)

**GREG VEERS**  
**D3240 VEERLAND LN**  
**STRATFORD WI 54484-9347**

BUSINESS OPERATED BY (check one)  Individual  Partnership  Corporation  Cooperative  LLC  Trust  Other

Check the type of certificate you are requesting:

LOCKBOX: 193  
BATCH: 2  
DDA NUM: 182569678

U.S. BANK  
WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
Page: 1  
Sys Batch: 23840

IMAGE	Amount
1 \$	15.00
2 \$	15.00

*Ginseng*

The totals for the batch 30.00  
Total checks 2


Road Directions to ginseng gardens:

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

Provide landowners name and address if you are not the owner:

I will comply with all State and Federal laws pertaining to the harvest, purchase, sale, transfer and export of ginseng out of this state.

Date <i>1/10/06</i>	Type/Print Applicant's Name and Title <i>Greg Veers</i>	Signature of Applicant <i>Greg Veers</i>
------------------------	--	---

Mail Check and application to: DATCP, BOX 93193, MILWAUKEE WI 53293-0193

Personal information you provide may be used for purposes other than that for which it was originally collected (Privacy Law sec. 19.62-19.80, Wis. Stats.).

Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Plant Industry, PO Box 8911  
 Madison WI 53708-8911, Phone: (608) 224-4574

For Department Use		100 7120 P7 730R 7000
Date Issued	License Number:	\$
	<b>20-000379</b>	\$

**Seed Labeler's License Renewal Application for January 1 – December 31, 2005**

(Section 94.43, Wis. Stats.)

BUSINESS NAME and MAILING ADDRESS:

**JAN 18 2006**

Jennifer J Gross  
 AGVENTURE, INC  
 PO Box 29  
 KENTLAND IN 47951

Please make any corrections on the back of this return form

DOING BUSINESS AS (name that appears on tags) and LOCATION ADDRESS:

AGVENTURE, INC  
 207 NORTH 7TH STREET  
 KENTLAND IN 47951

Legal Business Name If Different From Above	Email address (if applicable): jgross@agventure.com
---	--

**Additional Information:**

Please indicate below, the type of operation that best applies to you:

My business does not buy, sell, or use seed in mixed and/or unmixed form.

LOCKBOX: 193  
 BATCH: 12  
 DDA NUM: 182569678

U.S. BANK  
 WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
 Page: 1  
 Sys Batch: 74310

IMAGE	Amount
1 \$	180.00
2 \$	60.00
3 \$	30.00
4 \$	60.00

The totals for the batch 330.00  
 Total checks 4

*SL*

FEE PAID	YOUR GROSS SALES		
\$25	Less than \$10,000	1. Applicable license fee	\$ 150 -
\$50	\$10,000 to \$24,999	2. Penalty	\$ 30
\$100	\$25,000 to \$74,999	(There is a 20% penalty for RENEWING a license after Dec. 31)	
<b>\$150</b>	<b>\$75,000 to \$199,999</b>	TOTAL AMOUNT SUBMITTED	<b>\$ 180 -</b>
\$200	\$200,000 or more		

MAKE CHECK PAYABLE TO: Wisconsin Department of Agriculture, Trade and Consumer Protection  
 SEND FORM AND CHECK TO: WDATCP, BOX 93193, MILWAUKEE WI 53293-0193

Applicant Signature <i>Jennifer J Gross</i>	Applicant Printed Name Jennifer J Gross	Phone (219) 474-5557	Date 1/16/06
--	--	-------------------------	-----------------



Wisconsin Department of Agriculture, Trade & Consumer Protection  
Division of Agricultural Resource Management  
Bureau of Agrichemical Management  
PO Box 8911  
Madison WI 53708-8911  
Phone: (608) 224-4537

OFFICE USE ONLY	
100 7110 P7 736R 7000 48	\$
100 7110 P7 736R 9300	\$

# Liming Materials Tonnage Report for 2005 (Section 94.66, Wis. Stats.)

Return this form by February 1, 2006

28-000700-000700	
LITTLE LIMESTONE INC	
ATTN MARK MADSON	
8609 E LITTLE LN	
CLINTON WI 53525	ZIP

(Make any needed corrections to above name and address)

## LIMING MATERIALS SOLD IN WISCONSIN DURING 2005

A research fee of one and one-quarter cents per ton (\$0.0125) on all liming materials (or the equivalent amount of marl and paper mill refuse lime) sold within the state shall be paid to the Wisconsin Department of Agriculture, Trade and Consumer Protection annually for the preceding calendar year. The minimum fee is \$1. However, if NO SALES were made, the \$1 fee is not required. If another licensee has paid the research fee, you are entitled to a credit for that tonnage by completing the Credit Section. Please complete this report, sign it, pay the appropriate fees and mail to address shown below.

LOCKBOX: 193  
BATCH: 11  
DDA NUM: 182569678

U.S. BANK  
WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
Page: 1  
Sys Batch: 96060

IMAGE	Amount
1 \$	328.11

The totals for the batch 328.11  
Total checks 1

*LIME*

4. Amount Due (multiply tons from line 3 by 0.0125)  
Minimum fee is \$1.00 if sales were made. If no sales, then no fee is due. 216.11

TELEPHONE (608) 676-5166	GENERAL MANAGER'S NAME CRAIG MADSON
DATE Jan. 10, 2006	SIGNATURE <i>Craig Madson</i>

Make check payable to: Wisconsin Department of Agriculture, Trade & Consumer Protection  
Mail form and check to: State of Wisconsin, DATCP, Box 93193, Milwaukee WI 53293-0193



Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Plant Industry  
 PO Box 8911  
 Madison WI 53708-8911  
 Phone: (608) 224-4500 or 224-4574

JAN 18 2006

Check One	<input checked="" type="checkbox"/>	New
	<input type="checkbox"/>	Renewal
License Number:		

## Christmas Tree Grower License Application

for February 20 to February 19 (Section 94.10, Wis. Stats.)

BUSINESS NAME

LOCKBOX: 193  
 BATCH: 15  
 DDA NUM: 182569678

U.S. BANK  
 WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
 Page: 1  
 Sys Batch: 65340

IMAGE	Amount
1 \$	20.00

The totals for the batch 20.00  
 Total checks 1

*CHRISTMAS TREE GROWER*

Do you want a Plant Health Certificate? Yes  No  If yes, submit a \$50.00 fee.

Comments:

*I have a choose and cut operation.*

### License Fee Schedule

Do you plan to sell more than \$250 of Christmas trees this year? Yes  No   
 (If NO, then no license will be issued)

Add 20% penalty fee if renewing license on or after February 20

Plant Health Certificate Fee \$50

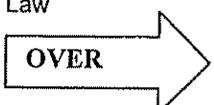
Total License Fee

\$ 20

Gross Annual Sales of Christmas trees You Grew	Christmas Tree License Fee	Your Gross Annual Sales (Check One)
\$251 to \$5,000	\$20	<input checked="" type="checkbox"/>
\$5,001 to \$20,000	\$55	<input type="checkbox"/>
\$20,001 to \$100,000	\$90	<input type="checkbox"/>
\$100,001 to \$200,000	\$150	<input type="checkbox"/>
\$200,001 to \$500,000	\$250	<input type="checkbox"/>
\$500,001 to \$2,000,000	\$450	<input type="checkbox"/>
> \$2,000,001	\$900	<input type="checkbox"/>

Make check payable to: Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Mail form and check to: State of Wisconsin, DATCP, Box 93193, Milwaukee WI 53293-0193

Personal information you provide may be used for purposes other than that for which it was originally collected (Privacy Law sec 19.62-19.80, Wis. Stats.).



JAN 18 2006 JAN 18 2006

AFM-ACM-230 (Rev. 11/05)



Wisconsin Department of Agriculture,  
Trade & Consumer Protection  
Agricultural Resource Management Division  
Phone (608)224-4536

**FOR OFFICE USE ONLY**

259 7590 S7 700R 7000 7K	
257 7570 S7 700R 7205 7K	
259 7590 S7 700R 7000 7Y	
259 7590 S7 700R 7000 7U	
259 7590 S7 700R 7205 7W	
259 7590 S7 700R 7000 7X	
259 7590 S7 700R 9300	

**2006 Wisconsin Pesticide Product Listing  
New Product Registration Form**

**LICENSEE:** Please write complete name and address information on the following lines:

Supreme Chemicals of Georgia, Inc.  
c/o Biologic, Inc.

REGISTRATION MANAGER:

Jane Miller  
COMPANY E-MAIL ADDRESS:  
j.miller@biologicinc.com

LOCKBOX: 193  
BATCH: 1  
DDA NUM: 182569678

U.S. BANK  
WI. DEPT OF AGRICULTURE

Date: January 18, 2006  
Page: 1  
Sys Batch: 92220

IMAGE                      Amount  
1 \$                              325.00

The totals for the batch 325.00  
Total checks 1

*ML*

See Reverse Side for Definitions of Pesticide Types.

See Attached 'License Fees' Form For License Fee Due  
Based On The 'Estimated WI Sales' For 2006

**Make check payable to: WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE & CONSUMER PROTECTION**  
**Mail Form & Check to: WDATCP c/o US Bank of Milwaukee, Box 93479, Milwaukee, WI 53293-0479**

**You Must Include A Copy of the Label for Each Pesticide Product Registered.**

A COPY OF THIS FORM WILL BE RETURNED TO YOU AS ACKNOWLEDGMENT OF REGISTRATION.  
You may make additional copies of this form if needed.

OFFICE USE ONLY:

Date Received \_\_\_\_\_

Date Issued \_\_\_\_\_

Department of Agriculture, Trade and Consumer  
Protection  
Lockbox #479



Wisconsin Department of Agriculture,  
Trade and Consumer Protection  
(WDATCP)  
(608) 224-4726

License Number: 204319-M1  
Currently Expires: June 30, 2007  
Wisconsin Statute: 97.42(2)(a)

### Renewal: Meat Establishment - Custom Service

JOSEPH P WITT  
N3929 STATE ROAD 22  
SHAWANO WI 54166

Post-It® Fax Note	7671	Date	5-14-07	# of pages	1
To	Jeff Anderson, CPA	From	Donna Garavillo		
Co./Dept.	DDA	Co.	WDATCP		
Phone #	266-8347	Phone #	224-4750		
Fax #	264-9300	Fax #	224-4737		

Legal Name: Joseph P Witt

Doing Business As: Witt's Sausage Haus and Grocery  
Business Location: N3929 State Road 22 Shawano WI 54166



### IMPORTANT:

Return the payment coupon below along with appropriate fees and completed application materials (enclosed).

Failure to do so may delay or prohibit license issuance. To avoid late fees, your license application and fee must be received by the Department on or before June 30, 2007. Late fees for your license would be \$16.00.

Full payment, including any penalty fees that may apply, must be received by the Department before your license will be issued. If your completed application is not received by the Department on or before the expiration date, your current license will expire and you may no longer operate.

Personal information you provide may be used for purposes other than that for which it was originally collected. sec. 15.04(1)(m) Wis. Stats.

Complete the accompanying application, including information updates, and submit for processing to WDATCP. Only modify amount due, if necessary, on the payment coupon below.

Retain upper portion for your records. Detach coupon below and return with check and completed application.

### WDATCP PAYMENT COUPON

MAKE CHECK PAYABLE TO : WDATCP      MAIL TO: PO BOX 93479 MILWAUKEE, WI 53293-0479

DF5  
M1 - Meat Establishment - Custom Service

Joseph P Witt

Due Date: June 30, 2007	Amount Due: \$80.00
Business Location: N3929 State Road 22 Shawano WI 54166	Renewal License Number: 204319-M1
Legal Name: Joseph P Witt	Doing Business As: Witt's Sausage Haus and Grocery
TOTAL AMOUNT PAID:	\$

115259650980106300700008000000080001

Department of Agriculture, Trade and Consumer  
Protection  
Lockbox #586

WISCONSIN DEPARTMENT OF AGRICULTURE,  
 TRADE AND CONSUMER PROTECTION  
 DIVISION OF FOOD SAFETY  
 Drawer 93586  
 MILWAUKEE WI 53293-0586  
 TEL. (608) 224-4712

INVOICE DATE: 11/21/2005  
 DUE BY: 12/21/2005

Please return one copy of the invoice with payment

This invoice is for Dairy Farm Inspection Services performed by the Department of Agriculture Trade & Consumer Protection as authorized under s.97.22

Associated Milk Producers Inc  
 PO BOX 455  
 NEW ULM MN 56073

Plant #: 88  
 License #: 122835-D1

Patron #	Producer	Date	Amount
	<b>New Producer Grade A</b>		
930430	Rick Carlson, Teri Carlson	10/18/2005	\$20.00
		100-1130-P1-129R-7000-C1	\$20.00
	<b>Reinspection Grade A</b>		
5430	Mul-Vue Farms LLP	10/28/2005	\$20.00
950030	Jason Ihm	10/31/2005	\$20.00
		100-1130-P1-129R-7205-C1	\$40.00
	<b>New Producer Grade B</b>		
6127	Gary Haakenson, Shirley Haakenson	10/28/2005	\$20.00
		100-1130-P1-129R-7000-C2	\$20.00

*we pay*

*102557*

*6200 1100.617100  
 6200 7300.617100*

*12/23  
 C*

Total Due Current Charges:	\$80.00
Previous Balance:	\$0.00
Total Due:	\$80.00



Wisconsin Department of Agriculture  
Trade & Consumer Protection  
Division of Food Safety  
PO BOX 93586, Milwaukee WI 53293-0586  
Telephone (608) 224-4712

PLEASE TYPE OR PRINT  
Submit check payable to  
WDATCP with all copies of  
application to address at left

OFFICE USE ONLY	
LIC. NO.	
DATE ISSUED	
EXPIRES	
SURCHARGE	
FEE PAID	

### DAIRY PLANT LICENSE APPLICATION Wis. Stats. s. 97.20

THIS APPLICATION PERTAINS ONLY TO THE FOLLOWING BUSINESS LOCATION & OPERATOR:  
(CHECK ONE):  Individual  Partnership  Corp.  LLC  Co-op  LLP

LEGAL NAME OF APPLICANT <i>Winona Foods, Inc.</i>		BUSINESS LOCATION (Different from mailing address) <i>Winona Foods</i>	
TRADE NAME (d/b/a) <i>Winona Foods</i>		<i>Blue Cheese Plant</i>	
MAILING ADDRESS <i>1552 Lineville</i>		<i>341 N. Henry St.</i>	
CITY <i>Green Bay</i>	STATE <i>WI</i>	ZIP CODE <i>54313</i>	<i>Green Bay WI.</i>
NAME OF CONTACT PERSON <i>Terry Steinmann</i>		PHONE <i>920-662-2184</i>	E-MAIL
APPLY FOR (CHECK ONE) <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> AMENDED <input type="checkbox"/> CHANGE OF OWNERSHIP (indicate previous owner)		COUNTY <i>Brown</i>	TOWNSHIP
PREVIOUS OWNER'S NAME		ADDRESS	LICENSE NO.
			FIRST DATE OF OPERATION <i>1-3-06</i>

**LICENSE FEE.** Please refer to the license fee schedule provided by the Department  
Do you intend to buy milk from producers or agencies for the upcoming year? NO  YES   
Check  type(s) of operation that will be conducted at this location in the coming license year. New operations may not be added without notifying the department and obtaining written authorization for the new category of operation s 97 20(2)(f), Stats.

\$ 870.00 RECEIVED JAN 11 2006

**GENERAL PROCESSING** (You must check at least one in this category)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Mfg Milk Processing <=1,000,000 lbs product per year                     | <input type="checkbox"/> Mfg Milk Receiving Station  | <input type="checkbox"/> Mfg Milk Transfer Station |
| <input checked="" type="checkbox"/> Mfg Milk Processing >1,000,000 lbs product per year           | <input type="checkbox"/> Grade A Receiving Station   | <input type="checkbox"/> Grade A Transfer Station  |
| <input type="checkbox"/> Grade A Pasteurization/Processing <=2,000,000 lbs milk received per year | <input type="checkbox"/> Does Not Receive Milk but Manufactures <=1,000,000 lbs Grade A Product per year | <input type="checkbox"/> Grade A Farms Only        |
| <input type="checkbox"/> Grade A Pasteurization/Processing >2,000,000 lbs milk received per year  | <input type="checkbox"/> Does Not Receive Milk but Manufactures >1,000,000 lbs Grade A Product per year  |  |

**SPECIFIC PROCESSING** (Circle all that apply)

- |                         |                           |
|-------------------------|---------------------------|
| Brine System            | Ice Cream                 |
| Butter                  | Powder Mixing/Blending    |
| <u>Cheese Factory</u>   | Powdering Operation       |
| Cold Pack               | Processed Cheese          |
| Condensary              | Retail Milk Packaging     |
| Concentrated Whey       | Sheep                     |
| Cottage Cheese          | Single Service Containers |
| <u>Cut, Wrap, Shred</u> | UF/RO Systems             |
| Flavored Cream Cheese   | Whey Processing           |
| Goat                    | Yogurt                    |
| D-Lactose               | Other _____               |

**TYPE(S) OF CHEESE MANUFACTURED** (Circle all that apply)

- |                         |                    |                    |
|-------------------------|--------------------|--------------------|
| Asiago                  | Edam               | Mexican/Hispanic   |
| Baby Swiss              | Farmers            | Monterey Jack      |
| Bakers                  | Feta               | Mozzarella         |
| <u>Bleu</u>             | French             | Parmesan           |
| Brick/Muenster          | <u>Goat Cheese</u> | Provolone          |
| Brie                    | <u>Gorgonzola</u>  | Primo              |
| Camembert               | Gouda              | Ricotta            |
| Cheddar/Granular/Washed | Havarti            | Romano             |
| Curd                    | Lacy Swiss         | Swiss              |
| Colby                   | Limburger          | Yogurt Cheese Curd |
| Cream Cheese            | Mascarpone         | Other _____        |

Operating without a license is a violation of Wisconsin law. If you have been operating without a license, you will be required to pay a surcharge in addition to the license fee. The undersigned hereby certifies that this is a true complete and accurate application for a Dairy Plant license under Section 97.20 Wis. Stats. Premises may be inspected at any reasonable time by the Department. Licenses are not transferable between persons or locations. Licenses expire annually on April 30. The license fee is not prorated for partial license years. Personal information you provide may be used for secondary purposes (Privacy Law Wis. Stats. s. 19.62-19.80). This institution is an equal opportunity provider.

AUTHORIZED SIGNATURE <i>[Signature]</i>	TITLE <i>QA Director</i>	DATE <i>1-3-06</i>
--	-----------------------------	-----------------------

**SHADED AREA FOR DEPARTMENT USE ONLY**

**TEMPORARY LICENSE:** This temporary license is issued for your convenience pending department action on this license application. The department will grant or deny your application within 40 business days after this temporary license is issued. If your application is denied, this temporary license automatically expires when you receive notice of the denial. A request for hearing on a license denial does not postpone the expiration of a temporary license. This temporary license is not transferable between persons or establishments. The holder of this temporary license cannot buy milk from producers.

TEMPORARY LICENSE ISSUED BY: <i>Inspector S. Jane Laurence</i>	TEMPORARY NO. <i>1781306</i>	DATE <i>1-3-06</i>
---	---------------------------------	-----------------------

Inspector License Recommendation (check One): Approve  Full Status or  Conditional  Deny (no refund)

Field Supervisor License Recommendation (check One): Approve  Full Status or  Conditional  Deny (no refund)  
Surcharge:  Yes  No

Security Check by TCP:  Approved  Denied  Add'l information requested Signature/Date:

INSPECTOR SIGNATURE & NO <i>A. Jane Laurence #178</i>	DATE <i>1-3-06</i>	FIELD SUPERVISOR SIGNATURE	DATE
--	-----------------------	----------------------------	------



Wisconsin Department of Agriculture  
 Trade & Consumer Protection  
 Division of Food Safety  
 PO BOX 93586, Milwaukee WI 53293-0586  
 Telephone (608) 224-4712

PLEASE TYPE OR PRINT  
 Submit check payable to WDATCP with  
 two copies of application to address at  
 left and keep the yellow copy for your  
 records

OFFICE USE ONLY	
LIC NO.	
DATE ISSUED	
EXPIRES	
SURCHARGE	
FEE PAID	

# BULK MILK TANKER LICENSE & GRADE A PERMIT APPLICATION

s. 97.21, Wis. Stats.

THIS APPLICATION PERTAINS ONLY TO THE FOLLOWING BUSINESS LOCATION & OPERATOR:

(CHECK ONE):  \*Individual  \*Partnership  \*General Partnership  LP  **LLP**  LLC  Corp  Coop

\* Requires Social Security Number or Copy of General Partnership Agreement

LEGAL NAME OF APPLICANT <b>THOMAS J. SPENSLEY</b>	TRADE NAME (d/b/a) <b>TOM SPENSLEY TRUCKING LLP</b>
MAILING ADDRESS <b>2170 MAPLE RIDGE ROAD</b>	BUSINESS LOCATION (if different from mailing address)
CITY STATE ZIP CODE <b>PLATTEVILLE WI 53818</b>	CITY STATE ZIP CODE
NAME OF CONTACT TITLE <b>TOM SPENSLEY OWNER</b>	COUNTY TOWNSHIP / VILLAGE / CITY <b>GRANT PLATTEVILLE</b>
CORPORATION PHONE NUMBER E-MAIL (if available)	BUSINESS PHONE NUMBER E-MAIL (if available) <b>CELL- 608-778-8845</b>

INDICATE REASON FOR APPLICATION (check one)

<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> CHANGE OF OWNERSHIP (Includes changing structure of ownership, i.e. individual to LLC, LLC to Corporation, etc)
<input checked="" type="checkbox"/> ADDING TRUCKS	PREVIOUS OWNER NAME
<input type="checkbox"/> GRADE A PERMIT ONLY (HAULING ONLY THEIR OWN MILK)	

FIRST DATE OF OPERATION IN WISCONSIN For Truck(s) Below **MO-DAY-YR 1-7-06** \* IF YOU PRESENTLY HOLD A BULK MILK TANKER LICENSE, INDICATE LICENSE NUMBER 89- **2235**

NEW BULK MILK TANKER INFORMATION - Complete the following for each tanker you are adding: (limit 4 new tankers per application)

Your Assigned Tank Number *	Make	Serial No.	Milk Grade (A or B)	Capacity Gallons	List a Dairy Plant and City Receiving Milk	Item No.	For Dept. Use Only Surcharge
17	WALKER	BPC-36974	A	6000	SWISS VALLEY-PLATTEVILLE	1	<input type="checkbox"/> Yes
						2	<input type="checkbox"/> Yes
						3	<input type="checkbox"/> Yes
						4	<input type="checkbox"/> Yes

\* If you are replacing a tanker, complete the deletion section below.

\*DELETIONS:

Tank Number	Make	Serial Number
2235-6	WALKER	BPC 32183

LICENSE FEE:

NO. OF TANKERS ADDED	LICENSE FEE PER TANKER	ADDL FEE DUE SURCHARGE	TOTAL FEE DUE
1	30		30.00

Operating without a license is a violation of Wisconsin Law. If you have been operating without a license, you will be required to pay a surcharge in addition to the license fee. The undersigned hereby certifies that this is a true, complete and accurate application for a Bulk Milk Tanker license under s. 97.21, Wis. Stats. Tankers may be inspected at any reasonable time. Licenses are not transferable between persons or tankers. Licenses expire annually on April 30. The license fee is not prorated for partial license years. Personal information you provide may be used for secondary purposes (Privacy Law s.19.62-19.80, Wis. Stats.).

AUTHORIZED SIGNATURE <b>Tom Spensley</b>	TITLE <b>OWNER</b>	DATE <b>1-3-06</b>
---	-----------------------	-----------------------

## FOR DEPARTMENT USE ONLY

Item No.	Temporary License Issued By:	Temp No.	Effective Date	Recommendation - Initial & Date	Inspector	Supervisor
1	<input type="checkbox"/> Inspector <input type="checkbox"/> Office			<input type="checkbox"/> Full <input type="checkbox"/> Conditional <input type="checkbox"/> Deny <input type="checkbox"/> Cancel Reason		
2	<input type="checkbox"/> Inspector <input type="checkbox"/> Office			<input type="checkbox"/> Full <input type="checkbox"/> Conditional <input type="checkbox"/> Deny <input type="checkbox"/> Cancel Reason		
3	<input type="checkbox"/> Inspector <input type="checkbox"/> Office			<input type="checkbox"/> Full <input type="checkbox"/> Conditional <input type="checkbox"/> Deny <input type="checkbox"/> Cancel Reason		
4	<input type="checkbox"/> Inspector <input type="checkbox"/> Office			<input type="checkbox"/> Full <input type="checkbox"/> Conditional <input type="checkbox"/> Deny <input type="checkbox"/> Cancel Reason		

INSPECTOR SIGNATURE & NO	DATE	FIELD SUPERVISOR SIGNATURE	DATE
--------------------------	------	----------------------------	------

WISCONSIN DEPT OF AGRICULTURE,  
TRADE & CONSUMER PROTECTION  
PO BOX 586  
MILWAUKEE WI 53293-0586

Remittance

Make check payable to:

DATCP

Billed To:

BRIESS INDUSTRIES

Invoice No. 11561100000200  
Customer No. 1150000138  
Reference No.  
Customer Name BRIESS INDUSTRIES  
Invoice Date 12/08/05  
Due Date 01/11/06  
Amount Due \$ 30.00 .IAN 9 2006

Amount Enclosed:

CONTACT: DEBRA MAZANEC

(608) 224-4712

---

--	--	--	--	--	--



F-M-85 (REV.10/05)  
 Wisconsin Department of Agriculture  
 Trade & Consumer Protection  
 Division of Food Safety  
 PO BOX 93586, Milwaukee WI 53293-0586  
 Telephone (608) 224-4700

PLEASE TYPE OR PRINT  
 Make check payable to WDATCP

OFFICE USE ONLY	
LIC. NO.	
DATE ISSUED	
EXPIRES	
FEE PAID	
SYSTEM ID	

## LICENSE/REGISTRATION APPLICATION- Renderer, Animal Food Processor, Dead Animal Collector, Grease Processor, Transfer Station

THIS APPLICATION PERTAINS ONLY TO THE FOLLOWING BUSINESS LOCATION & OPERATOR:

(CHECK ONE):  \*Individual  \*Partnership  \*General Partnership  LP  LLP  LLC  Corp.  Coop.

\* Requires Social Security Number or Copy of General Partnership Agreement.

LEGAL NAME OF APPLICANT	TRADE NAME (d/b/a)
MAILING ADDRESS	BUSINESS LOCATION (if different from mailing address)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
NAME OF CONTACT TITLE	COUNTY TOWNSHIP / VILLAGE / CITY
CORPORATION PHONE NUMBER E-MAIL (if available)	BUSINESS PHONE NUMBER E-MAIL (if available)

CORPORATION PRESIDENT	PARTNER
CORPORATION VICE PRES.	PARTNER
CORPORATION SECRETARY	PARTNER
CORPORATION TREASURER	PARTNER

IS THIS A NEW BUSINESS? YES  NO

For Business Located In Rural Area, Complete the following description:

NO MILES	DIRECTION	From	CITY LIMITS, MAJOR HWY OR HWY INTERSECTION	On	HWY DESIGNATION
NAME OF PREVIOUS OWNER					
NAME OF PREVIOUS ESTABLISHMENT					

Type Of License:

<input type="checkbox"/> RENDERER	<input type="checkbox"/> DEAD ANIMAL COLLECTOR	LICENSE/REGISTRATION NUMBER
<input type="checkbox"/> ANIMAL FOOD PROCESSOR	<input type="checkbox"/> GREASE PROCESSOR	

I understand and agree that this establishment is to be operated in accordance with the provisions of Wisconsin Statute 97.72 and Statute 95.72.

AUTHORIZED SIGNATURE	TITLE	DATE
----------------------	-------	------

RECEIPT AND DEPOSIT OF APPLICATION FEE DOES NOT CONSTITUTE ISSUANCE OF A LICENSE OR REGISTRATION.  
 THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER



Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Division of Food Safety  
 Drawer 93586  
 Milwaukee, WI 53293-0586  
 Telephone (608) 224-4700  
 Wis. Stats §97.42(2)

OFFICE USE ONLY	
LIC. NO.	
DATE ISSUED	
EXPIRES	
FEE PAID	
SURCHARGE	
REC. NO.	

**MEAT/POULTRY SLAUGHTERING OR PROCESSING LICENSE APPLICATION**

This Application Pertains Only To The Following Business Location & Operator:

(Check One):  Individual  Partnership  Corporation  Cooperative

LEGAL OWNER(S) OR CORPORATE NAME			PLANT ADDRESS	
TRADE NAME (d/b/a)			CITY	
MAILING ADDRESS			STATE	ZIP CODE
CITY	STATE	ZIP CODE	COUNTY	
NAME OF CONTACT PERSON		PHONE ( )	PLANT PHONE ( )	
E-MAIL ADDRESS				

Please List All Corporate Officers:

CORPORATION PRESIDENT	PARTNER
CORPORATION VICE PRES	PARTNER
CORPORATION SECRETARY	PARTNER

For Business Located In Rural Area, Complete the following description:

NO MILES      DIRECTION      From      CITY LIMITS, MAJOR HWY OR HWY INTERSECTION      On      HWY DESIGNATION

Is This A New Business?  Yes  No

NAME OF PREVIOUS OWNER	NAME OF PREVIOUS ESTABLISHMENT
------------------------	--------------------------------

Type Of License:

Custom Uninspected (7032)  Commercial (7031)

LICENSE NUMBER
----------------

Circle All Types Of Operations That Will Be Conducted At This Location

- |   |                                       |
|---|---------------------------------------|
| AA - Inspected Slaughtering - Meat      | HH - Inspected Processing - Poultry   |
| BB - Uninspected Slaughtering - Meat    | II - Uninspected Processing - Poultry |
| CC - Inspected Slaughtering - Poultry   | JJ - Inspected Processing - Pizza     |
| DD - Uninspected Slaughtering - Poultry | KK - Cure and Smoke                   |
| EE - Inspected Processing - Meat        | LL - Prepare Heated Sausage           |
| FF - Uninspected Processing - Meat      | MM - Render Lard                      |
| GG - Retail Processing                  | MS - Mobile Slaughtering              |
| SC - School Exempt                      | OO - Prepare Fresh Sausage            |
| VI - Voluntary Inspection               |                                       |

I understand and agree that this establishment is to be operated in accordance with the provisions of Wisconsin Statute 97.42 and Wisconsin Administrative Code Chapter ATCP 55.

*AUTHORIZED SIGNATURE	TITLE	DATE
APPROVED BY	REGION	





Wisconsin Department of Agriculture  
Trade & Consumer Protection  
Division of Food Safety  
PO BOX 93586, Milwaukee WI 53293-0586  
Telephone (608) 224-4720

**PLEASE TYPE OR PRINT**  
Submit check payable to WDATCP  
with all three copies of application to  
address at left.

OFFICE USE ONLY	
LIC. NO.	
DATE ISSUED	
EXPIRES	
SURCHARGE	
FEE PAID	

## RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION s. 97.30, Wis. Stats.

THIS APPLICATION PERTAINS ONLY TO THE FOLLOWING BUSINESS LOCATION & OPERATOR:

(CHECK ONE):  \*Individual  \*Partnership  \*General Partnership  LP  LLP  LLC  Corp  Coop

\* Requires Social Security Number or Copy of General Partnership Agreement.

LEGAL NAME OF APPLICANT	TRADE NAME (d/b/a)
MAILING ADDRESS	BUSINESS LOCATION (if different from mailing address)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
NAME OF CONTACT TITLE	COUNTY TOWNSHIP
CORPORATION PHONE NUMBER E-MAIL (if available)	BUSINESS PHONE NUMBER E-MAIL (if available)

• INDICATE REASON FOR APPLICATION (check one)

<input type="checkbox"/> ORIGINAL Indicate first date of operation: _____	<input type="checkbox"/> AMENDED LICENSE #: _____ Reason: _____	<input type="checkbox"/> RENEWAL LICENSE #: _____ For use only before current license is terminated which is approximately August 31.
--	--	---

• INDICATE BUSINESS DESCRIPTION (Check only one box, A or B)

(A) <input type="checkbox"/> PROCESSING FOOD AT RETAIL. 1 Do you intend to process potentially hazardous foods? <input type="checkbox"/> YES <input type="checkbox"/> NO 2 Dollar volume Enter total gross retail food sales at this location during the last 12 months (if not operating that long, estimate sales for 12 months). \$ _____	(B) <input type="checkbox"/> DOES NOT ENGAGE IN FOOD PROCESSING Sales of only prepackaged, potentially hazardous foods Food which requires cooling or freezing
--	---

• INDICATE LICENSE CATEGORY AND FEE FROM FEE SCHEDULE • INDICATE TYPE OF ESTABLISHMENT (check one)

License fee: \$ _____ Additional fee: \$ _____ (explain): _____ Total amount paid: \$ _____ Check number: _____	<input type="checkbox"/> FIXED PERMANENT <input type="checkbox"/> MOBILE Enter unique mobile identification number: _____
---	---

that this is a true, complete and accurate application for the Retail Food Establishment license under s. 97.30, Wis. Stats. The Department may inspect premises at any reasonable time. Licenses are not transferable between persons or locations. Licenses expire annually on June 30. The license fee is not prorated for partial license years. Personal information you provide may be used for secondary purposes (Privacy Law s. 19.62-19.80, Wis. Stats.).

AUTHORIZED SIGNATURE	TITLE	DATE
----------------------	-------	------

SHADED AREA FOR DEPARTMENT USE ONLY

Please check all PROCESSING OPERATIONS this establishment will be conducting during the coming license year:

<input type="checkbox"/> Bakery	<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Meat Distributor	<input type="checkbox"/> Seafood Dept.
<input type="checkbox"/> Bottling Water	<input type="checkbox"/> Freezing	<input type="checkbox"/> Mixing	<input type="checkbox"/> Shell Egg
<input type="checkbox"/> Hot/Cold Beverages	<input type="checkbox"/> Grinding	<input type="checkbox"/> Popping Corn	<input type="checkbox"/> Smoking/Curing
<input type="checkbox"/> Cooking	<input type="checkbox"/> Ice Cream/Soft Serve	<input type="checkbox"/> Packing	<input type="checkbox"/> Salvage
<input type="checkbox"/> Catering	<input type="checkbox"/> Ice Making	<input type="checkbox"/> Produce Processing	<input type="checkbox"/> Vacuum Packaging
<input type="checkbox"/> Confectionery	<input type="checkbox"/> Meat Cutting	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Wild Game
			<input type="checkbox"/> Other

TEMPORARY LICENSE: This temporary license is issued for your convenience pending department action on this license application. The department will grant or deny your application within 40 business days after this temporary license is issued. If your application is denied, this temporary license automatically expires when you receive notice of the denial. A request for hearing on a license denial does not postpone the expiration of a temporary license. This temporary license is not transferable between persons or establishments.

TEMPORARY LICENSE ISSUED BY:	TEMPORARY NO.	DATE
------------------------------	---------------	------

Inspector License Recommendation (check One):	Approve	<input type="checkbox"/> Full Status or	<input type="checkbox"/> Conditional	<input type="checkbox"/> Deny (no refund)
<input type="checkbox"/> Cancel application - State Reason	Surcharge:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Field Supervisor License Recommendation (check One):	Approve	<input type="checkbox"/> Full Status or	<input type="checkbox"/> Conditional	<input type="checkbox"/> Deny (no refund)
--	---------	---	--------------------------------------	---



Wisconsin Department of Agriculture  
Trade & Consumer Protection  
Division of Food Safety  
PO BOX 93586, Milwaukee WI 53293-0586  
Telephone (608) 224-4720

PLEASE TYPE OR PRINT  
Submit check payable to WDATCP with  
all three copies of application to address  
at left

OFFICE USE ONLY	
LIC. NO.	
DATE ISSUED	
EXPIRES	
TRADE	
SURCHARGE	
FEE PAID	

## FOOD PROCESSOR LICENSE APPLICATION s. 97.29, Wis. Stats.

THIS APPLICATION PERTAINS ONLY TO THE FOLLOWING BUSINESS LOCATION & OPERATOR:  
(CHECK ONE):  Individual  Partnership  Gen. Partnership.  LP  LLC  Corp  Coop  
\* Requires Social Security Number or Copy of General Partnership Agreement

LEGAL NAME OF APPLICANT			TRADE NAME (d/b/a)		
MAILING ADDRESS			BUSINESS LOCATION (if different from mailing address)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME OF CONTACT		TITLE	COUNTY	TOWNSHIP / VILLAGE / CITY	
CORPORATION PHONE NUMBER		E-MAIL (if available)	LOCATION PHONE NUMBER		E-MAIL (if available)

**INDICATE REASON FOR APPLICATION (check one)**

<input type="checkbox"/> ORIGINAL Indicate first date of operation _____	<input type="checkbox"/> AMENDED Reason: _____	<input type="checkbox"/> RENEWAL # _____ For use only before current license expires
---	---	--

**INDICATE BUSINESS DESCRIPTION ( See back of application for definitions)**

Engaged in processing potentially hazardous food or canning?:  YES  NO  
Dollar volume of production during the last 12 months, (if not operating that long, estimate for 12 months): \$ \_\_\_\_\_

**INDICATE LICENSE CATEGORY AND FEE FROM FEE SCHEDULE.**

License category: _____ License fee: \$ _____ Canning operation (add \$200): \$ _____ Additional fee: \$ _____ (explain): _____ Total amount paid: \$ _____ Check number: _____	Do you intend to buy vegetables from a Wisconsin producer for the coming license year? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, you may be required to provide additional information to the Department of Agriculture, Trade & Consumer Protection. Division of Trade & Consumer Protection.
---	---

Operating without a license is a violation of Wisconsin law. If you have been operating without a license, you will be required to pay a surcharge in addition to the license fee. The undersigned hereby certifies that this is a true complete and accurate application for a Food Processor license under s. 97.29 Wis. Stats. The Department may inspect premises at any reasonable time. Licenses are not transferable between persons or locations. Licenses expire annually on March 31. The license fee is not prorated for partial license years. Personal information you provide may be used for secondary purposes (Privacy Law s. 19.62-19.80, Wis. Stats.).

AUTHORIZED SIGNATURE	TITLE	DATE
----------------------	-------	------

**SHADED AREA FOR DEPARTMENT USE ONLY**

Please check all PROCESSING OPERATIONS this establishment will be conducting during the coming license year:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> BK Bakery         | <input type="checkbox"/> CS Cutting/Slicing       | <input type="checkbox"/> FR Freezing          | <input type="checkbox"/> SE Shell Egg Packaging |
| <input type="checkbox"/> BO Bottling Water | <input type="checkbox"/> CY Confectionery         | <input type="checkbox"/> GR Grinding          | <input type="checkbox"/> SM Smoking/Curing      |
| <input type="checkbox"/> BR Brewing        | <input type="checkbox"/> DR Drying                | <input type="checkbox"/> MX Mixing            | <input type="checkbox"/> SV Salvage             |
| <input type="checkbox"/> CK Cooking        | <input type="checkbox"/> EX Extracting            | <input type="checkbox"/> PK Packing/Packaging | <input type="checkbox"/> VP Vacuum Packaging    |
| <input type="checkbox"/> CN Canning        | <input type="checkbox"/> FD Fermenting/Distilling | <input type="checkbox"/> PL Pickling          | <input type="checkbox"/> Other _____            |

Finished Products Codes: \_\_\_\_\_

**TEMPORARY LICENSE:** This temporary license is issued for your convenience pending department action on this license application. The department will grant or deny your application within 40 business days after this temporary license is issued. If your application is denied, this temporary license automatically expires when you receive notice of the denial. A request for hearing on a license denial does not postpone the expiration of a temporary license. This temporary license is not transferable between persons or establishments. The holder of this temporary license cannot buy farm products from producers. A producer is any person who produces and sells or who grows under contract raw or partly processed farm products.

TEMPORARY LICENSE ISSUED BY:	TEMPORARY NO.	DATE
Inspector License Recommendation (check One): <input type="checkbox"/> Approve <input type="checkbox"/> Full Status or <input type="checkbox"/> Conditional <input type="checkbox"/> Deny (no refund) <input type="checkbox"/> Cancel app - State Reason: _____	Surcharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Field Supervisor License Recommendation (check One): <input type="checkbox"/> Approve <input type="checkbox"/> Full Status or <input type="checkbox"/> Conditional <input type="checkbox"/> Deny (no refund) <input type="checkbox"/> Cancel app - State Reason: _____	Surcharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Security Check by TCP: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____	Date: _____

Department of Agriculture, Trade and Consumer  
Protection  
Lockbox #703

# INVOICE 332- 7954



Grain Inspection Services  
P.O. Box 818  
404 Tower Avenue  
Superior, WI 54880

November 30, 2005

[  
SGS NORTH AMERICA INC-TOM PRIVETTE  
]

- ◆ Make check payable to:  
Wisconsin Dept. of Agriculture,  
Trade, and Consumer Protection
- ◆ Please Remit to:  
Wisconsin Grain Inspection Services  
Box 93703, Milwaukee, WI 53293-0703
- ◆ If you have questions about your bill,  
Please call: (715) 392-7853

Item/Description	Amount
M/V SPAR OPAL CHS 1 11/27,28,29/05 6 COMPOSITE CHARGES @\$15.00	90.00
	\$90.00

LOCKBOX: 703  
BATCH: 1  
DDA NUM: 182380231551

U.S. BANK

STATE OF WISC. DEPT. OF AGRICULTURE

Date: January 18, 2006  
Page: 1  
Sys Batch: 87110

IMAGE            Amount  
1    \$            90.00

The totals for the batch 90.00  
Total checks 1

Interest on accounts 30 days or more overdue will be charged at the rate of 1% per month on the unpaid balance for all services.

Dept. FEIN# 39-6006422 RETURN COPY OF INVOICE WITH YOUR PAYMENT TO INSURE PROPER CREDIT OF YOUR ACCOUNT