

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

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 th 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

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

(from previous month)

TOTAL AMOUNT DUE \$ 8280.13

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.

Devin Rieger
Signature

Date

Telephone

Make check payable to:

WDATCP
BOX 93178
MILWAUKEE WI 53293-0178

Security

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:
	December 2005
Return completed form and fees by the 25 th 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

The totals for the batch 2,253.33
Total checks 6

DTP

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

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	

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: [REDACTED] 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: [REDACTED] 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 -

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 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

TOTAL SQUARE FEET

4,800

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	
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

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: \$ <input type="text"/>	

YOU NEED TO COMPLETE THE APPLICATION IF ONE OF THE FOLLOWING IS TRUE (CHECK ONE OR BOTH BOXES)		195436-GW
<input type="checkbox"/>	Your obligations to depositors exceeded 50,000 bu after last September 1 st	
<input type="checkbox"/>	You anticipate that your obligations to depositors will exceed 50,000 bu prior to next August 31 st	
Applicant's fiscal year-end date:		September 30

License Fee Computation:

INSPECTION FEE SCHEDULE			
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 _____) 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> _____ <small>Please print name of Notary</small> Notary Public, State of _____ My commission expires(is permanent): _____	

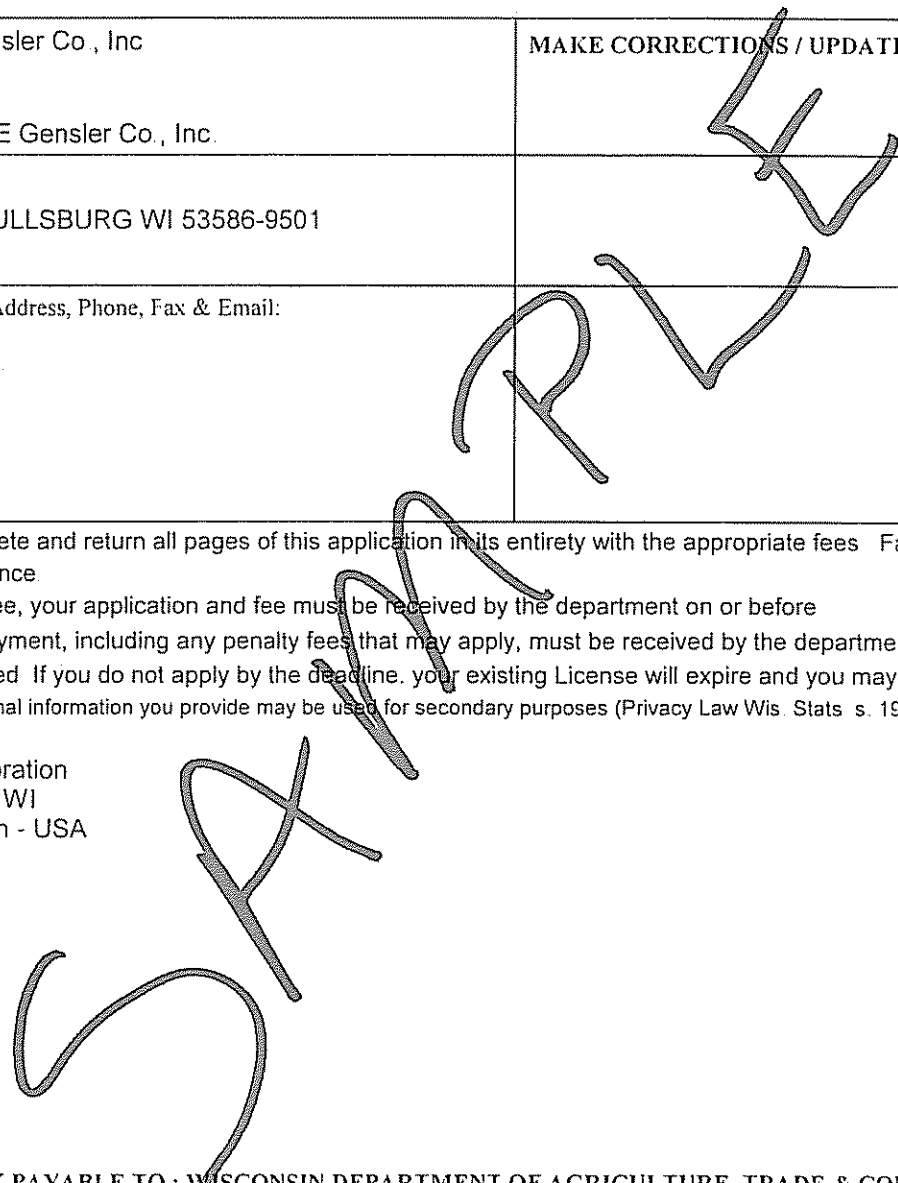
If you have any questions regarding this application, contact Darlene Davidson at (608) 224-4970.
This form contains personally identifiable information, which may be used for purposes other than that for which it was collected.

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.	
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

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:	\$ 

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
b)	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).	\$ _____
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)(c), 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.

***** 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 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>		
_____ (SEAL) <small>Signature of Notary Public</small> 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

D

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</i> owner
MAILING ADDRESS <i>220 North Ave P.O. Box 457</i>	
CITY STATE ZIP <i>Dickeyville WI 53808</i>	
Business operated by (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other	

LOCKBOX: 178

U.S. BANK

Date: January 18, 2006

BATCH: 2

Page: 1

DDA NUM: 182569491

WIS DEPT OF AGRI, TRADE & CONSUMER

Sys Batch: 90230

IMAGE

Amount

1 \$

75.00

The totals for the batch 75.00
 Total checks 1

Grain

7.		()
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TRUCK INFORMATION

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

WDATCP

JAN 11 2006

DIV. OF TRADE &
CONSUMER PROTECTION



NOV 28 2005

Statement/Invoice

AF-V

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

Vegetable Contractor License

JOYCE THOMPSON
RAZORBACK FARMS, INC.
PO BOX 291
SPRINGDALE AR 72765-0291License 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: \$

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

Annual Purchases	Current Ratio Assessment Rate:	Current Ratio Assessment:
\$650,834	.004357	\$2,836
Annual Purchases	Debt to Equity Assessment Rate:	Debt to Equity Assessment:
\$650,834	.000061	\$40
Deferred Payments:	Deferred Payment Assessment:	Deferred Payment Assessment:
\$0	.0025	\$0
Annual Assessment:		\$2,876
Assessment Credit Applied (ATCP 101.25):		(\$0)
Assessment Reduction (ATCP 101.255):		(\$0)
Total Annual Assessment:		\$2,876

OCT 24 2005

QUARTERLY

	Amount	Due Date	Paid In Full?
VG Assessment Fee - 1 Qtr	\$719.00	03/01/2005	Y
VG Assessment Fee - 2 Qtr	\$719.00	06/01/2005	Y
VG Assessment Fee - 3 Qtr	\$719.00	09/01/2005	Y
VG Assessment Fee - 4 Qtr	\$719.00	12/01/2005	N

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

NOV 29 2005

DIV OF TRADE &
CONSUMER PROTECTION

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 contractor 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

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

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

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

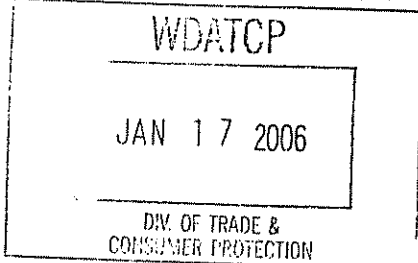
Annual Grain Payments	Current Ratio Assessment Rate:	Current Ratio Assessment:
\$110,295.11	.000257	\$28
Annual Grain Payments	Debt to Equity Assessment Rate:	Debt to Equity Assessment:
\$110,295.11	.000165	\$18
Deferred Payments:	Deferred Payment Assessment:	Deferred Payment Assessment:
\$0.00	0.0035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

Grain Capacity (bushels)	Current Ratio Assessment Rate:	Current Ratio Assessment:
16,116.63	.000257	\$4
Grain Capacity (bushels)	Debt to Equity Assessment Rate:	Debt to Equity Assessment:
16,116.63	.000165	\$3
Annual Assessment:		\$20
Assessment Credit Applied (ATCP 99.25):		(\$0)
Assessment Reduction (ATCP 99.255):		(\$0)
Total Annual Assessment:		\$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: **\$354.20**

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:

☐ HB 44 -- General Code Provisions

☐ Vehicle Scales

☐ Vehicle Tank Meters

☐ Retail Computing Scales

☐ Railroad Track Scales

☐ LPG Meters

☐ Medium Capacity Scales
(500 to 5000 lbs)

☐ Belt Conveyor Scales

☐ Agrichemical/Mass Flow Meters

☐ Livestock Scales

☐ Retail Motor Fuel/Liquid
Measuring Devices

☐ 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.**

☐ Illinois

☐ Iowa

☐ Minnesota

☐ Michigan

☐ Ohio

☐ Nebraska

☐ 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

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

DEVICES TESTED (Check All That Apply)

- ☐ Analytical Balances
☐ Computing and Small Capacity
☐ Large Capacity Platform and Hopper
☐ Vehicle and Livestock
☐ Other (list) _____

METER BUSINESS

DEVICES TESTED (Check All That Apply)

- ☐ Gas and Diesel Dispensers
☐ Vehicle Tank Meters
☐ Terminal Meters
☐ LPG
☐ Other (list) _____

OTHER BUSINESS

DEVICES TESTED (Check All That Apply)

- ☐ 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-

DATE ISSUED:

EXPIRES: MARCH 31, 2001

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: _____ LOAD CELLS: _____
CITY	STATE WI	ZIP CODE	CAPACITY OF SCALE IN TONS
		LENGTH OF SCALE DECK IN FEET	(Contact service rep or manufacturer if you need assistance) OR If operated commercially before 1/1/97 provide name of previous operator: State Id no. (under which device was licensed) OR copies of invoices/bills of lading demonstrating commercial use of device.

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

- ☐ Test report attached to application
- ☐ 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 each 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
------------------------	----------------	------



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

REGISTRATION FEE \$25.00

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 / /
------------------------	----------------	-------------

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	Appr	Rev	Sub	Rev
		Org		Code		
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 ADVANCED WILDLIFE CONTROL LLC		
ALSO OPERATING UNDER THE FOLLOWING NAMES WILDLIFE CONTROL LLC		
STREET ADDRESS 8041 W. MEQUON RD.		
P.O. BOX	COUNTY OZAUKEE	
CITY MEQUON	STATE WI	ZIP 53097
REQUIREMENTS: 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		Point of Clarification: 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 1000 1042-4270	APPLICANT SIGNATURE Paul Thiele	DATE 1-10-06
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 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 →



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	\$20
259	7590	S7	700R	7000	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 <u>Nelson</u>				LEGAL BUSINESS NAME <u>Garden Valley Cooperative</u>			
FIRST <u>Kellan</u>				ALSO OPERATING UNDER THE NAME(S): <u>Garden Valley Coop</u>			
MI <u>M</u>				STREET ADDRESS <u>51853 Cty Rd U</u>			
HOME STREET ADDRESS <u>N45619 Cty Rd U</u>				P O BOX			
P.O. BOX <u>0550</u>				CITY <u>Wauwatosa</u>			
CITY <u>Trempealeau</u>				STATE <u>WI</u>			
COUNTY <u>WI</u>				ZIP <u>54622</u>			
STATE <u>WI</u>				HOME TELEPHONE NUMBER			
ZIP <u>54758</u>							

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

ONLY as a part of the batch

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 <u>Kellan Nelson</u>	MONTH <u>Jan</u>	DAY <u>9</u>	YEAR <u>2006</u>
--	---------------------	-----------------	---------------------

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.

Department Copy - Canary

Applicator Copy - White

Business Copy - Blue



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

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

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

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 ☒

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

Make Corrections Here

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

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

SPRING GREEN LAWN CARE

Type of Organization

☐ LLC ☐ Partnership ☐ Cooperative ☒ Corporation ☐ Sole Proprietor

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

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

FAX NUMBER

(720) 337-1982

BRYAN BRAUN

Manager

APPLICANT'S SIGNATURE

Bryan Braun

DATE

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

Check One

☒

New
 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	

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

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)

\$ —

Total License Fee (Calculated from tables at right)

\$ 40.00

\$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
> \$2,000,001	\$900

OVER

NU
 GWP



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

The totals for the batch 29.00
 Total checks 1

FERT

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

ck # 1538
 1-13-06

County (if Applicable)	0% Sales Tax	
	0.5% County Sales Tax	
	Subtotal Current Charges	
	Previous Balance Due	
	Interest Due	
	Total Due	\$ 29.00



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-ACIA-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) 224-4337

JAN 18 2006

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

The totals for the batch 26.50
 Total checks 1

FEED

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. There is no minimum tonnage fee. 04 \$ \$1.50
5. Late filing penalty fee: If inspection fee is not paid by February 28, 2005, add 10% of line 4. Minimum Penalty \$10.00. 05 \$ \$26.50
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

SIGNATURE

DATE

1/13/06

BUSINESS E-MAIL ADDRESS

YOUR TITLE

President

TELEPHONE NUMBER

(847-) 537-0102

FAX

(847) 537-0179

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

The totals for the batch 30.00
Total checks 2

Ginseng

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 1/10/06	Type/Print Applicant's Name and Title Greg Veers	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:	\$
	20-000379	\$

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:

☐ Our business consists of seed and sells the 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

56

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)	
<u>\$150</u>	\$75,000 to \$199,999	TOTAL AMOUNT SUBMITTED	\$ 180 -
\$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 1/6/06
--	--	-------------------------	----------------



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

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.

316.11

Lime

TELEPHONE (608) 676-5166	GENERAL MANAGER'S NAME CRAIG MADSON
DATE Jan. 18, 2006	SIGNATURE Craig Madson

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



New



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

XMAS
 TREE
 GROW

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.).

OVER

JAN 18 2006 JAN 18 2006



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 Garavito	
Co./Dept. DDA		Co. DATCP	
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

COPY

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: \$ <input type="text"/>	

115257650980106300700008000000080001

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
	New Producer Grade A		
930430	Rick Carlson, Teri Carlson	10/18/2005	\$20.00
		100-1130-P1-129R-7000-C1	\$20.00
	Reinspection Grade A		
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
	New Producer Grade B		
6127	Gary Haakenson, Shirley Haakenson	10/28/2005	\$20.00
		100-1130-P1-129R-7000-C2	\$20.00

102557
6200 1100.617100
6200 7300.617100

12/23
C

Total Due Current Charges:

\$80.00

Previous Balance:

\$ 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

Winona Foods, Inc.

TRADE NAME (d/b/a)

Winona Foods

MAILING ADDRESS

1552 Lineville

CITY

Green Bay

STATE

WI

ZIP CODE

54313

NAME OF CONTACT PERSON

Jerry Steinmann

PHONE

920-662-2184

E-MAIL

BUSINESS LOCATION (If different from mailing address)

Winona Foods

Blue Cheese Plant

341 N. Henry St.

Green Bay WI.

COUNTY

Brown

TOWNSHIP

APPLY FOR (CHECK ONE)

☒ ORIGINAL☐ RENEWAL☐ AMENDED☐ CHANGE OF OWNERSHIP (indicate previous owner)

FIRST DATE

OF OPERATION

1-3-06

MO-DAY-YR

PREVIOUS OWNER'S NAME

ADDRESS

LICENSE NO

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.

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

- ☐ Mfg Milk Processing <=1,000,000 lbs product per year
☒ Mfg Milk Processing >1,000,000 lbs product per year
☐ Grade A Pasteurization/Processing <=2,000,000 lbs milk received per year
☐ Grade A Pasteurization/Processing >2,000,000 lbs milk received per year

- ☐ Mfg Milk Receiving Station
☐ Grade A Receiving Station
☐ Does Not Receive Milk but Manufactures <=1,000,000 lbs Grade A Product per year
☐ Does Not Receive Milk but Manufactures >1,000,000 lbs Grade A Product per year

- ☐ Mfg Milk Transfer Station
☐ Grade A Transfer Station
☐ Grade A Farms Only

SPECIFIC PROCESSING (Circle all that apply)

- Brine System
 Butter
☒ Cheese Factory
 Cold Pack
 Condensary
 Concentrated Whey
 Cottage Cheese
☒ Cut, Wrap, Shred
 Flavored Cream Cheese
 Goat
 D-Lactose

- Ice Cream
 Powder Mixing/Blending
 Powdering Operation
 Processed Cheese
 Retail Milk Packaging
 Sheep
 Single Service Containers
 UF/RO Systems
 Whey Processing
 Yogurt
 Other _____

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

- Asiago
 Baby Swiss
 Bakers
☒ Bleu
 Brick/Muenster
 Brie
 Camembert
 Cheddar/Granular/Washed
 Curd
 Colby
 Cream Cheese

- Edam
 Farmers
 Feta
 French
☒ Goat Cheese
☒ Gorgonzola
 Gouda
 Havarti
 Lacy Swiss
 Limburger
 Mascarpone

- Mexican/Hispanic
 Monterey Jack
 Mozzarella
 Parmesan
 Provolone
 Primost
 Ricotta
 Romano
 Swiss
 Yogurt Cheese Curd
 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

TITLE

QA Director

DATE

1-3-06

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:

Inspector S. Jane Laurence

TEMPORARY NO

1781306

DATE

1-3-06

Inspector License Recommendation (check One):

Approve ☒ Full Status or ☐ Conditional ☐ Deny (no refund)

Cancel app - State Reason

Field Supervisor License Recommendation (check One):

Approve ☐ Full Status or ☐ Conditional ☐ Deny (no refund)

Cancel app - State Reason

Security Check by TCP: ☐ Approved ☐ Denied ☐ Add'l information requested

Signature/Date:

INSPECTOR SIGNATURE & NO

S. Jane Laurence

#178

DATE

1-3-06

FIELD SUPERVISOR SIGNATURE

DATE

WHITE-DATCP LOCKBOX; GREEN-TRADE. YELLOW-INSPECTOR, PINK-CENTRAL. GOLD-APPLICANT



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

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	
<input type="checkbox"/> GRADE A PERMIT ONLY (HAULING ONLY THEIR OWN MILK)	PREVIOUS OWNER NAME

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 Tom Spensley	TITLE OWNER	DATE 1-3-06
---	-----------------------	-----------------------

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
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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 JAN 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:

☐ RENDERER

☐ DEAD ANIMAL COLLECTOR

LICENSE/REGISTRATION NUMBER

☐ ANIMAL FOOD PROCESSOR

☐ GREASE PROCESSOR

☐ TRANSFER STATION

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
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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
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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	

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

INVOICE FOR SERVICES/CHARGES	DATE: November 29, 2005	Wisconsin Department of Agriculture Trade & Consumer Protection Food Division Meat Safety & Inspection Bureau
	DIVISION: DFS	PHONE 608/224-4665- Howie
	ADDRESS: Drawer 586	
	CITY: Milwaukee, WI 53923-0586	

INVOICE NO. 06-1130-3107

Make check payable to: Wisconsin Dept of Agriculture, Trade
& Consumer Protection

FEIN 39-6006422

Payment Due Date: December 26, 2005

EDR-8250-01

Date of Service	Quantity	Item and/or Description	Unit Price	Total Amount
		OVERTIME/VOLUNTARY MEAT INSPECTIONS...		
PLEASE RETURN DUPLICATE COPY WITH PAYMENT.			Total Due	



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
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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"/> Bottling Water <input type="checkbox"/> Hot/Cold Beverages <input type="checkbox"/> Cooking <input type="checkbox"/> Catering <input type="checkbox"/> Confectionery	<input type="checkbox"/> Delicatessen <input type="checkbox"/> Freezing <input type="checkbox"/> Grinding <input type="checkbox"/> Ice Cream/Soft Serve <input type="checkbox"/> Ice Making <input type="checkbox"/> Meat Cutting	<input type="checkbox"/> Meat Distributor <input type="checkbox"/> Mixing <input type="checkbox"/> Popping Corn <input type="checkbox"/> Packing <input type="checkbox"/> Produce Processing <input type="checkbox"/> Restaurant	<input type="checkbox"/> Seafood Dept. <input type="checkbox"/> Shell Egg <input type="checkbox"/> Smoking/Curing <input type="checkbox"/> Salvage <input type="checkbox"/> Vacuum Packaging <input type="checkbox"/> Wild Game <input type="checkbox"/> Other
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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
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Inspector License Recommendation (check One): Approve ☐ Full Status or ☐ Conditional ☐ Deny (no refund)

☐ Cancel application - State Reason Surcharge: ☐ Yes ☐ No

Field Supervisor License Recommendation (check One): Approve ☐ Full Status or ☐ Conditional ☐ 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.
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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
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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):	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):	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