



505 Third Street
Hudson, Wisconsin 54016-1694
PHONE: (715) 386-4765

**CHICKEN
LICENSE APPLICATION**

Date _____

Fee: \$ 50.00 Renewal: \$20.00

Receipt# _____

Licensing period: January 1 to December 31, _____

Property Zoning: One-Family: _____ Public: _____

Applicant Name: _____

First

Middle

Last

Address: _____

City

State

Telephone: _____

Email: _____

I am the property Owner: _____ Tenant: _____ (If a tenant, provide attach written consent of the property owner.)

If Homeowners Association is applicable, provide written permission from the Homeowner's Association (attach) or indicate that keeping chickens on the property is consistent with any Homeowners Association Bylaws, rules, or covenants: _____

APPLICATION PLANS & ATTACHMENTS:

A. Plan to dispose of chicken manure in a safe and adequate manner: _____

B. Coop design and materials plan (consistent with Municipal Code, Chapter 99-21) **(attach plan)**

C. Site plan consistent with (Municipal Code, Chapter 99-21) **(attach plan)**

D. The names and signatures of all those neighboring property owners within a 100-ft radius of the property. **(attach neighbor notification signatures)**

I have read Ordinance No. 7-21 and agree to follow all the requirements and conditions for keeping five (5) chickens on one-family residential zoned properties and twenty (20) chickens on publicly zoned properties, as outlined in §99-21.

Signature of Applicant