

Wisconsin Dept. of Agriculture, Trade and Consumer Protection Division of Agricultural Resource Management Bureau of Agrichemical Management

Phone: (608) 224-4537 DATCPFert@wisconsin.gov

OFFICE USE ONLY							
License Number							
Date Issued							
25900 700SE 1150073000 4600000 71000\$							

New License Application for Sale or Distribution of Liming Materials

for January 1 to December 31, 2019 (Section 94.66, Wis. Stats.)										
LEGA	L BUSINESS NAME AND	ADDRESS	3		MAILING ADDRESS (IF DIFFERENT FROM LEGAL ADDRESS)					
LEGAL BUSINESS NAME					C/O					
CONTACT NAME					CONTACT NAME					
CTREET ADDRESS DO DOV					STREET ADDRESS PO BOX					
SIREE	STREET ADDRESS PO BOX					STREET ADDRESS PO BOX				
CITY			STATE	ZIP	CITY			STATE	ZIP	
DOING BUSINESS AS NAME FEDERAL EMPLOYER I.D. # (FEIN) (OPTIONAL)										
PREVIO	OUS BUSINESS NAME		PREVIOUS LIME LICENSE # (IF KNOWN)							
28-										
CHECK ONE: Partnership Cooperative Corporation Sole Proprietor LLC STATE OF FORMATION										
MUST CUTOK ALL APPROPRIATE POVES FOR THE INDEX ZONES OF MATERIAL S TO BE SOLD IN 1994										
MUST CHECK ALL APPROPRIATE BOXES FOR THE INDEX ZONES OF MATERIALS TO BE SOLD IN 2019										
Marl Paper Mill Recycled Byproducts Less than 40										
40-49	40-49									
No person shall engage in the business of selling or distributing liming materials in Wisconsin without first obtaining a license from the Dept. of Agriculture,										
Trade and Consumer Protection unless one is selling or distributing liming materials produced by a license holder.										
PLEASE SUBMIT COPIES OF PRODUCT LABELING INFORMATION FOR EACH PRODUCT.										
LOCATION OF PLACES OF MANUFACTURE OF LIMING MATERIALS (If more space is needed, please attach additional sheet.)										
		•	Index Zone							
✓	Quarry		Vend	ior	County	Towr	1 8	ection	of Quarry	
Produ	ıcer: Place a checkma	rk (√) in	the left-h	and column next	to those quarrie	es in which v	OU expect to	be crush	ning next vear	
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LICE	NSE FEE									
1. F	Producer/Distributor Lice	ense Fee	(\$10.00)				TOTA	L FEE _	\$10.00	
I certify that all information on this application is true and correct.										
SIGNATURE TITLE										
NAME (PRINT OR TYPE)					DATE	DATE				
TELEPHONE NUMBER					FAX NUMBER	FAX NUMBER				
()					()	L COMPANY WEST APPERS				
E-MAIL ADDRESS					COMPANY WEBS	COMPANY WEBSITE ADDRESS				

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.).

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