

Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

Mail to:
Department of Natural Resources
Bait Dealer Application - CS/1
PO Box 7924
Madison, WI 53707-7924

Bait Dealer's License Application

Form 9400-031 (R 03/22)

License Expires December 31

Notice: Use of this form is required by the Department for any application filed pursuant to s. 29.509, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. *The Department may also provide this information to requesters pursuant to Wisconsin's Public Records law, ss. 19.31-19.39, Wis. Stats.

*To obtain a DNR customer number contact 1-888-936-7463. A social security number or federal employer identification number is REQUIRED when applying for a license according to Chapter 29, Wis.Stats., but it may not be disclosed to anyone except the Department of Workforce Development or Department of Revenue.

Check the license type you are applying for, pursuant to the provisions of s.29.509(3), Wis. Stats.:

- Class A Bait Dealers License (resale, barter, give or sell bait to the amount of \$2000 or more each year)**
- Class B Bait Dealers License (resale, barter, give or sell bait to the amount of less than \$2000 each year)**

You will be contacted by DNR staff about your application after it has been reviewed. If approved, an approval will be posted to your Go Wild account that will allow you to obtain and pay for your license online or at an agent location. The Class A Bait Dealer License fee is \$50.00 and the Class B Bait Dealer License fee is \$10.00.

DO NOT SEND PAYMENT WITH APPLICATION.

(Please print or type)

Applicant's Name (Last, First, Middle)	DNR Customer Number*
Address	Date of Birth
City, State, Zip Code	Email
Name of Business <i>(if applicable)</i>	Business Telephone Number (include area code)
Business Address, City, State, Zip Code <i>(if applicable)</i>	

Withhold personal identifiers collected on this form from disclosure on any list of 10 or more individuals that the DNR is requested to provide to another person [s. 23.45, Wis. Stats.].

Bait Sold By You Will Be Obtained From

- Public waters through a 'Wild Bait Harvest Permit' (must apply separately for such permits)
- Artificial ponds under my ownership Other bait dealers Other (Explain) _____

Type of Bait Handled <input type="checkbox"/> Minnows <input type="checkbox"/> Crayfish <input type="checkbox"/> Frogs	Were your license privileges revoked because of a conviction for a violation of the fish and game laws within the past year? <input type="radio"/> Yes <input type="radio"/> No
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I certify that I have resided in the state of Wisconsin for a period of thirty days preceding this date. I hereby apply for a Bait Dealers License to deal in bait for fishing purposes in the manner provided by the Wisconsin Statutes and Wisconsin Administrative Code. I solemnly swear that I am the person making the above application; that the statements therein are true: that I will not permit another person to use my license: that I am at least eighteen years of age: and that I will faithfully observe and comply with the fish and wildlife laws and Wisconsin Administrative Code of the State of Wisconsin.

Date Signed _____

Signature of Applicant _____