



Public Health
Prevent. Promote. Protect.

Hales Corners Health Department

Hales Corners Health Department

5885 S. 116 Street

Hales Corners, WI 53130

414.529.6155

hchealth@halescornerswi.org

APPLICATION FOR ANIMAL FANCIER PERMIT

Instructions: Please complete information below and submit the application to the above address with your remittance payable to the VILLAGE OF HALES CORNERS.

Name: _____

Address: _____ Zip Code: _____

Phone: _____

Number of Animals: Dogs: _____ Cats: _____

Name and Breed of Each Animal:

1. _____ Breed: _____

2. _____ Breed: _____

3. _____ Breed: _____

4. _____ Breed: _____

5. _____ Breed: _____

6. _____ Breed: _____

7. _____ Breed: _____

In making this application, I understand this Permit is granted pursuant to and subject to Provisions of Chapter 11.08(3)(g) of the HALES CORNERS MUNICIPAL CODE.

Signature of Applicant:

_____ Date: _____

Permit Fees: **\$40.00**

License Year: July 1, 20__ to June 30, 20__.

A Late Fee of \$25.00 applies to renewal applications postmarked after June 30th.