





02				X		
Business	Name:			-		
	Address:					
	City/State/Zip:					
	Phone Number:					
REQUES	ST FOR CHILD LAB	OR PERMIT				
	g with you the following required ncluding the parent's permission,		al Soci	ial Sec	curity Card, <i>Le</i>	ter of
To whom it r	may concern:					
(Minor's name))		will	be	employed	by
(Business nam	ne)					
as a (Job tit	tle)	approximately		ł	nours per w	eek.
He/she will b	pe performing such duties a	as:				
Managarar	Cupaniaaria Cianatura					
ivianager or	Supervisor's Signature					
* * * * *	• • • • • • • • • • • •	* * * * * * * * *	* * '	* * *	* * * *	▼ ▼
(Parent must	complete the lower section)					

Parent's Signature

Brown County WI Clerk\svj W:word\wkpermit\emplettr.doc

listed above.

Revised 11/9/09

As parent and legal guardian of (minor's name) _______, I give him/her permission to perform the stated job and duties at the business