



**HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911**  
**Telephone: 920-832-6429 Fax: 920-832-5853**  
**P-I, COMMERCIAL AND URBAN FARM APIARY PERMIT APPLICATION**  
**Effective Date May 3, 2017**

**PLEASE PRINT**

Date of Application: \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_

**Applicant Information:** \_\_\_\_\_ **Apiary Information:** \_\_\_\_\_

Name: \_\_\_\_\_ Number of Hives: \_\_\_\_\_

Address: \_\_\_\_\_ Location of Hive or Hives: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Person in Charge of Apiary: \_\_\_\_\_

<u>Activity Code</u>	<u>Permit Description</u>	<u>Fee</u>
141	Preinspection Fee: New Apiary	\$145.00
142	Apiary Permit (Separate Permit Required for each apiary on a Property)	\$59.00
NOTE:	The Preinspection Fee Is Non-Refundable	
	<b>Total Amount Due</b>	<b>\$</b>

Provide a sketch of the property and the location where the hive or hives will be kept. Include hive distances from property lines, neighboring dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment. Indicate  
 watering location. Indicate flyway barrier location, material and height.  
 Provide documentation of training as a Beekeeper. If this is rental property, provide the owner's name and signature.

Name of PROPERTY OWNER (Print) \_\_\_\_\_ SIGNATURE OF OWNER \_\_\_\_\_

Permission to Inspect Premises Form completed and signed by owner is attached? \_\_\_\_\_

Name of Applicant (Print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Drivers License Number \_\_\_\_\_

MAKE CHECK OR MONEY ORDER PAYABLE TO ..... CITY OF APPLETON  
 SUBMIT APPLICATION AND FEE TO ..... APPLETON HEALTH DEPT.  
 100 N APPLETON ST  
 APPLETON WI 54911-4799

**OFFICE USE**

Date letter sent to property owners within 200 feet of center of proposed apiary \_\_\_\_\_

Written Objections Received (attach) \_\_\_\_\_ Written Objection Deadline \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Apiary Start Date \_\_\_\_\_

Establishment Number (COA#) \_\_\_\_\_

License Year \_\_\_\_\_ Expires June 30, Year \_\_\_\_\_ Assigned Inspector \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Account Name: \_\_\_\_\_

