



HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911
Telephone: 920-832-6429 Fax: 920-832-5853
APIARY PERMIT APPLICATION
Effective Date May 1, 2015

PLEASE PRINT

Check Appropriate Box:

This is an NEW Application

☐

This is a RENEWAL Application

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Date of Application: _____

Anticipated Start Date _____

Applicant Information:

Name: _____

Apiary Information:

Person in Charge of Apiary: _____

Address: _____

Number of Hives: _____

City/State/ZIP: _____

E-mail Address: _____

Telephone #: _____

Activity Code

Permit Description

Fee

141 Preinspection Fee: (New Apiary) \$145.00

142 Apiary Permit (New and Renewal) \$59.00

NOTE: The Preinspection Fee Is Non-Refundable

Total Amount Due \$

For NEW and RENEWAL applications, 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.

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 proposed apiary _____

Written Objections Received (attach) _____

Written Objection Deadline _____

Inspector Signature _____ Date _____

Apiary Start Date _____

Establishment Number (COA#) _____

License Year: March 1, _____ Expires February _____, Year _____ Assigned Inspector _____

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