



**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

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 #: \_\_\_\_\_

<u>Activity Code</u>	<u>Permit Description</u>	<u>Fee</u>
141	Preinspection Fee: (New Apiary)	\$145.00
142	Apiary Permit (New and Renewal)	\$59.00
NOTE:	The Preinspection Fee Is Non-Refundable	
	<b>Total Amount Due</b>	<b>\$</b>

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: \_\_\_\_\_