

APIARY – NON-RESIDENTIAL LICENSE APPLICATION



DEPARTMENT OF
**PUBLIC
HEALTH**

Submit application & payment to:
Appleton Health Department
Environmental Health
100 N Appleton Street
Appleton, WI 54911
p: 920.832.6429
www.appleton.org

EXPIRATION DEC 31ST 2024

Before completing this application, read the permit requirements.			
Applicant Information			
Applicant Name	Apiary Location/Billing Address	City	Zip Code
Anticipated Start Date	Applicant Phone	Applicant Email	
Property Section			
Property Owner	Property Owner Address	City / State	Zip Code
Property Owner Signature	Property Owner Phone	Property Owner Email	
<input type="checkbox"/> Attach written permission from the Property Owner to obtain and keep this permit.			
Inspection Details			
Beekeeper (Person in Charge of Hives):	How Many Hives?		
<input type="checkbox"/> Attach documentation of Beekeeper training.			
<input type="checkbox"/> Attach a detailed diagram of each hive location including setbacks and distances from nearby structures (including dwellings, porches, gazebos, decks, pools, permanently affixed play equipment) on apiary location property and neighboring properties.			
<input type="checkbox"/> Include watering location in diagrams.			
<input type="checkbox"/> Attach fly away barrier location, dimensions, and materials plan. If required, call 920.832.6411 to obtain a building permit for fly away barrier construction.			

Activity Code	License Description	Fee
HLBEES	Pre-inspection Fee: Apiary—Non-Residential	145.00
HLBEES	Apiary—Non-Residential	59.00
Make check or money order payable: City of Appleton		
Total Amount Due:		204.00

I certify that I am familiar with the Appleton Health Department requirements and limitations (the rules for the purpose of protecting public health and safety) and the above-described activity will be operated and maintained in accordance with applicable regulations.

Print Applicant Name/Title Applicant's Signature Date

<OVER>

INSPECTOR / OFFICE USE	
All property owners within a circular area having a radius of 200 feet, centered on the premises for which a permit has been requested, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.	Date Sent
Property owners shall have 14 working days to file a written objection to the Health Officer if they object to the granting of a permit.	Written Objections Deadline Date
Written Objections Received and Attached	<input type="checkbox"/> none <input type="checkbox"/> BoH and Common Council Review
Upon receipt of a written objection, the matter shall be placed on the Agenda for the Board of Health to be reviewed at the next regular meeting. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued.	Board of Health Date
The Board shall make a recommendation to the Common Council regarding approval of said permit.	Common Council Date

INSPECTOR / OFFICE USE			
Signature of Inspector	Date	License Start Date	Establishment # or New
E-Record / Scan / Mailed Date	Amount Paid	Check # / Cash	Expires DEC 31 st YEAR 20__