

APIARY – 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	
<input type="checkbox"/> Attach proof of occupancy of the property where the proposed apiary will be located.			
<input type="checkbox"/> Attach proof of property ownership for the apiary location OR <input type="checkbox"/> Complete the Tenant section.			
Tenant Section: Complete Property Owner Approval 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?	
		Up to five (5) honeybee hives and two (2) nucleus colonies may be maintained by a permit holder within a residentially zoned lot.	
<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—Residential	30.00	
HLBEES	Apiary—Residential	20.00	
Make check or money order payable: City of Appleton		Total Amount Due:	50.00

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
INSPECTOR / OFFICE USE				
Signature of Inspector		Date	License Start Date	
E-Record / Scan / Mailed Date	Amount Paid	Check # / Cash	Expires Dec 31 ST YEAR 20 __ __	