



Beekeeping/Apiary Application

\$81.28 permit fee*

Address of Apiary: _____

OPERATOR NAME: _____ HOME PHONE NUMBER _____

ADDRESS: _____ CELL PHONE NUMBER _____

- () OWNER AUTHORIZATION MUST BE ATTACHED OR YOU MUST BE THE PROPERTY OWNER
- () SITE MAP MUST BE ATTACHED
- () PROOF OF BEE KEEPING COMPETENCY MUST BE ATTACHED

The undersigned agrees to inform the Department of Neighborhood Services within ten days of any substantial changes in the information supplied in this application.

I have a knowledge of the City Ordinances currently regulating the permit applied for herein and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

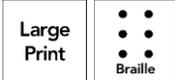
I also certify that the honey bees used in this apiary are limited to Eastern European races of Apismelifera in accordance with Milwaukee Code of Ordinances 78-6-3b. *All fees include a 1.6% training and technology surcharge.

(Individual/Registered Agent/Corporate Officer/Partner)

RETURN WITH APPROPRIATE FEE TO:

**DEPARTMENT OF NEIGHBORHOOD SERVICES
4001 S 6th St.
MILWAUKEE, WI 53221**

This material is available in alternative formats for individuals with disabilities upon request. Please contact ADA Coordinator, ADACoordinator@milwaukee.gov, 414-286-3475, TTY: 711. Provide a 72 hour advance notice, seven days for Braille, to ensure accommodation of request.



DO NOT WRITE BELOW THIS LINE

Clerical _____ Date Issued _____ Bee Permit # _____

Date of Notice _____ # of notices sent _____ # of objections _____ # in support _____

Request for hearing? Y N Hearing date _____ Result of hearing? Approve Deny

Department of Neighborhood Services
(414) 286-5771

