Honeybee License Application

FOR INTAKE, STAFF USE ONLY
Application date__________________________
Issued date______________________________
Approved by____________________________
License fees______________________________

APPLICANT: Complete all sections. Please print legibly.

Address________________________________ Parcel #___________________________
Zoning District________________________________________________________________________
Name of Bee Owner____________________________________________________________________
Address of Bee owner___________________________________________________________________
Telephone of Bee owner______________________________ Email_____________________________
Property owner name___________________________________________________________________
Property owner address_________________________________________________________________
Phone_____________________________________________ Email______________________________

Check the box for the applicable zoning district:

☐ Residential Zoning Districts: Property has a residential use.

☐ Commercial Zoning Districts (except C4): Property is used exclusively for residential purposes.

☐ Agricultural Zoning Districts

☐ Conservancy Zoning Districts

I have read, understand and agree:
To comply with the ordinances applicable to the keeping of Honeybees.
The Zoning Administrator is authorized to make inspections, during reasonable hours, to determine compliance.
The Zoning Administrator may revoke a license if there are three (3) or more violations within any six- (6) month period of this or any ordinance in Chapter 28, MGO, regulating the keeping of honeybees.

Applicant’s signature & date____________________________________________________________

City of Madison, WI Treasurer’s Office
210 Martin Luther King, Jr. Blvd., Room-107 Madison, WI 53701  608.266.4771
http://www.cityofmadison.com/Treasurer