



## City of Madison, WI Treasurer's Office

210 Martin Luther King, Jr. Blvd., Room-101 Madison, WI 53701  
608.266.4771 <http://www.cityofmadison.com/Treasurer>

### 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 \_\_\_\_\_