

For Office Use Only

**LICENSE PERIOD YEAR ENDING: December 31, 20\_\_\_\_\_**

New License (\$10)                       Renewal (\$10)                       Late Fee Required (After April 1<sup>st</sup>) (\$5)

Date Copy Given to Bldg./Zoning Dept.: \_\_\_\_\_ Date Copy Given to Police Department: \_\_\_\_\_

Receipt No: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_

## City of Shawano - Application for Beekeeping Permit

**FEES ARE NON-REFUNDABLE - PLEASE PRINT CLEARLY**

THIS LICENSE ALLOWS YOU TO KEEP **FOUR (4) HIVES** PER MUNICIPAL CODE.

Fill out this form in its entirety and submit it, along with the proper fee, in person or by mail (include a copy of your driver's license) to:

**City of Shawano - City Hall  
127 S Sawyer Street  
Shawano, WI 54166**

Property Type: <i>(circle one)</i> Residential      Commercial      Industrial	Property Address:
<b>Owner's Information</b>	Applicant/Beekeeper
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Email:	Email:
DL copy received?      Yes      No	DL copy received?      Yes      No

\* A Letter of Approval from the Property Owner is required if beekeeper is tenant at property.

<b>Beekeeping Information</b>
Number of Proposed Hives:
Type of flyway barrier:

The license fee is \$10.00 for a single license to keep four bee hives. The license year commences on January 1<sup>st</sup> and ends on December 31<sup>st</sup>.

The City Clerk shall collect a late fee of \$5.00 from applicant if applicant fails to renew their license prior to April 1<sup>st</sup> of each year or obtain a new license within 30 days of acquiring ownership of a licensable bee hive.

### **CERTIFICATION AND ACKNOWLEDGEMENT**

- I certify that I have no delinquent taxes, assessments, or other claims in whole or part owed to neither the City of Shawano nor any delinquent forfeiture resulting from a violation of any City ordinance.
- Under penalty of law, I swear that the information provided in the application is true and correct to the best of my knowledge and belief and that incomplete or incorrect information provided in response to the questions will be grounds for denial of this application.
- I acknowledge that it is my responsibility to comply with the terms and conditions pursuant of City of Shawano Municipal Code. I further understand that the Municipal Code grants the Building Inspector/Zoning Department rights to enter upon said property at all reasonable times to inspect the premises, obtain photographs or take any other action deemed necessary to properly enforce the provisions of this code.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date