

ORIGINAL APPLICATION

RENEWAL APPLICATION

**OFFICE USE ONLY**

PREMISE NUMBER

<b>Address where Beekeeping is located</b>				
<b>Name of Property Owner (please print)</b>		<b>Email</b>		<b>Phone</b>
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	

**APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)**

<b>Name of Applicant (please print)</b>		<b>Email</b>		<b>Phone</b>
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	

**APPLICANT'S STATEMENT**

*I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Onalaska and I understand that the keeping of bees may be inherently risky and hereby waive, release and hold harmless the City of Onalaska its officers, agents, employees and volunteers from any claims, demands, injuries or damages whatsoever arising out of my actions with respect to the keeping of bees in the City of Onalaska.*

\_\_\_\_\_  
Signature of owner/applicant

Date: \_\_\_\_\_

**APPLICANT CHECK LIST**

**OFFICE STAFF CHECK LIST**

- \_\_\_\_\_ Attach a detailed lot diagram (below)
- \_\_\_\_\_ Signatures from property owners
- \_\_\_\_\_ Payment enclosed
- \_\_\_\_\_ Return application to City Hall: **415 Main Street, Onalaska, WI 54650**
- \_\_\_\_\_ Proof of Inspection (1<sup>st</sup> Renewal or Even Years only by State or local beekeeping organization)

- \_\_\_\_\_ Blank application to applicant (1 application for each premise)
- \_\_\_\_\_ Copy of ordinance to applicant
- \_\_\_\_\_ Required detailed lot diagram
- \_\_\_\_\_ Fee paid
- \_\_\_\_\_ Required signatures from landowners

DIAGRAM OF AREA – use additional sheet if necessary

# **BEEKEEPER LICENSE APPLICATION**

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- SIGNATURES REQUIRED FROM LANDOWNERS WITHIN 250 FT. OF PERMITTED PROPERTY  
BEEKEEPING EQUIPMENT IS GREATER THAN 20 FT. AWAY FROM PROPERTY LINES IF DEVELOPABLE  
(3 FEET FROM PROPERTY LINES IF LAND IS UNDEVELOPABLE)  
SIGNATURES FROM 80% OF OCCUPANTS OF REAL ESTATE

**APPLICANT: LIST THE NUMBER AND LOCATION OF HIVES, COLONIES AND/OR BEEKEEPING EQUIPMENT**


**NOTE:**  
BEEKEEPING EQUIPMENT SHALL NOT BE LOCATED CLOSER THAN 20 FT FROM ANY PROPERTY LINE UNLESS LAND IS UNDEVELOPABLE.

## **OFFICE USE ONLY:**

Number of locations/hives:	
Rear yard:	
Side yard:	
Roof top:	
Screened location product, visible @ 25 feet:	
Constant supply of water:	
Notes/Misc:	

**License period: January 1 to  
December 31  
Non-refundable/Non-transferable**

**Return with payment to:**  
City of Onalaska  
415 Main Street  
Onalaska, WI 54650

**Adjacent Property Owners Consent  
(80% of property owners within 250 feet of property)**

WE the undersigned property owners do not have any objection to bees being kept on the property as listed:

**Property Owner Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

	Adjacent Property Owner Signature	Printed Name	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

**Use an additional sheet if necessary**