



City of Onalaska Beekeeping License

Phone: (608) 781-9530 • Fax: (608) 781-9534

415 Main St. Onalaska, WI 54650

City Clerk: dq-cityclerk@onalaskawi.gov

<http://www.cityofonalaska.com>

Date Filed:

License #:

Fee: \$75 Original Application Fee Annual Renewal Fee: \$15.00
License Period Runs from January 1st through December 31st

NON-REFUNDABLE / NON-TRANSFERABLE

Check One: New Renewal

APPLICANT	Applicant Name:				
	Address:				
	City:		State:		Zip Code:
	Phone:	Cell:	Fax:	Email:	
	Address Where Beekeeping is Located:				

OWNER	Home Owner Name (If different than above):				
	Home Owner Address (If different than above):				
	City:		State:		Zip Code:
	Phone:	Cell:	Fax:	Email:	

	If this a renewal, have there been any changes from the Previous Year?
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	Please initial below for <u>ALL</u> beekeeping licenses to indicate that you understand and will abide by the listed requirements:
_____	I have to submit a plan/diagram. Beekeeping equipment shall not be located closer than 20 ft. from any property lines if land developable or 3 ft. from property lines if land is undevelopable. If there are no changes listed above, this is not required for renewals.
_____	I have to obtain the signatures of 80% of all adjacent property owners within 250 ft. of the permitted property.
_____	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.

	List the Number and Location of Hives, Colonies and/or Beekeeping Equipment

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I 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.

 (Print Legibly) OWNER/LEGAL REPRESENTATIVE NAME

 (Sign) OWNER/LEGAL REPRESENTATIVE NAME

 DATE

FOR OFFICE USE ONLY

Approved by City Clerk:	Date:
Approved by Inspection Dept.: (Original Application Only)	Date:

FOR OFFICE USE ONLY

Number of hives:	
Location of hives: (Rear Yard, Side Yard, Roof Top)	
Screened location product, visible @ 25 ft.:	
Constant supply of water:	
Notes/Misc:	

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 Name	Address	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