

GRAND CHUTE - BEEKEEPING LICENSE APPLICATION

Community Development Department

1900 W. Grand Chute Blvd.
 Grand Chute, WI 54913
 Phone: 920-832-1599
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 Website: GrandChute.net



APPLICATION FEE: \$25.00

Office Use Only

File #: BK - _____ - _____ Year
 Date: ____/____/____
 Paid: \$ _____
 By: _____
 Rect#: _____

PROPERTY INFORMATION

Parcel No. / Tax Key No.	10 ____ - _____	Zoning:
Site/Hive Address :		
Parcel Size: (sq. ft. or acres)		No. of Hives:

BEEKEEPER INFORMATION

Name of Beekeeper:			
Address - Beekeeper:			
Phone # - Beekeeper:	Cell _____	Home _____	Work _____
Email - Beekeeper:			

PROPERTY OWNER INFORMATION

Name of Property Owner:			
Address - Property Owner:			
Phone # - Property Owner:	Cell _____	Home _____	Work _____
Email - Property Owner:			

ACKNOWLEDGEMENT & SIGNATURE

Please initial each:

____ I have advised the neighbors of my plan to conduct beekeeping activity on the property.

____ I agree to comply with the Grand Chute Small-Scale Beekeeping Ordinance.

____ Town Staff is authorized to make inspections of my beekeeping activity during reasonable hours.

____ The Town may revoke my license after 3 or more violations of the Beekeeping Ordinance within a 6-month period.

 Signature

 Date

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