

# GRAND CHUTE - BEEKEEPING LICENSE APPLICATION

## Community Development Department

1900 W Grand Chute Blvd.  
 Grand Chute, WI 54913  
 Phone: 920-832-1599  
 Email: comdev@grandchutewi.gov  
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**APPLICATION FEE: \$25.00**

*Office Use Only*

File #: BK - \_\_\_\_\_ - \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Paid: \$ \_\_\_\_\_  
 By: \_\_\_\_\_  
 Rect#: \_\_\_\_\_

Type of Application:	New _____ Renewal _____
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### PROPERTY INFORMATION

Parcel No. / Tax Key No.	1 0 ____ - _____	Zoning:
Site/Hive Address :		
Parcel Size: (sq. ft. or acres)		No. of Hives:

### APPLICANT INFORMATION

Applicant:			
Address:			
Phone #:	Cell _____	Home _____	Work _____
Email:			

### PROPERTY OWNER INFORMATION

Property Owner:			
Address:			
Phone #:	Cell _____	Home _____	Work _____
Email:			

### ACKNOWLEDGEMENT & SIGNATURE

Please initial each:

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

\_\_\_\_\_ I agree to comply Section 535-61 Small-Scale Keeping of Bees.

\_\_\_\_\_ I provided a site plan identifies the beehive location and water source with appropriate setbacks.

\_\_\_\_\_ 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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