

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: www.grandchutewi.gov



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.	10 ____ - _____	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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