

**APIARY REGISTRATION FORM**

<b>Applicant Name:</b> _____	<b>Business Name:</b> _____
<b>Mailing Address:</b> _____	<b>Physical Address:</b> _____
_____	_____
<b>City, State, Zip:</b> _____	<b>City, State, Zip:</b> _____
<b>Telephone:</b> _____	<b>Email:</b> _____

I am a new beekeeper                       I no longer keep bees                       no changes from previous year

Application for registration of apiaries is hereby filed with the Secretary of Agriculture, Food and Markets for the registration period of July 1 through June 30, inclusive. Registration fees, made payable to the Vermont Agency of Agriculture, Food and Markets are enclosed. **Please provide the 911 address or GPS coordinates of all locations listed below. If you need more space please copy this form for recording additional locations as needed.**

Apiary # or Name	# of Colonies	County	Town	Land Owner	911 or GPS Address

**Read and initial following statement and sign application. The application will be returned if all areas are not initialed or signed.**

**Please Initial:** \_\_\_\_\_ I hereby certify that I am in good standing with respect to any obligations for child support and, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with, a plan approved by the Commissioner of Taxes to pay any and all taxes due to the state of Vermont as of the date of this application.

**Total # Apiaries:** \_\_\_\_\_ **Total # Colonies:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Please sign and remit payment of \$10.00 per apiary location to:

**VT GO QP V'CI GPE[ 'QH'CI T E W N V W T G' H Q Q F' ( ' O C T M G V U**  
**B W U P' G U U' Q H H E G / L & R**  
**100 S V C V G' U V T G G V' T O 342**  
**M Q P V R G N K G T, V T 05620-3206**  
**(802) 828-2436**  
**www.agriculture.vermont.gov**