

APIARY REGISTRATION FORM

Applicant Name: _____ **Business Name:** _____
Mailing Address: _____ **Physical Address:** _____

City, State, Zip: _____ **City, State, Zip:** _____
Telephone: _____ **Email:** _____

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:

Vermont Agency of Agriculture, Food & Markets
Business Office/L&R
116 State Street
Montpelier, VT 05620-2901
(802) 828-2436
www.agriculture.vermont.gov