

Business Office/L&R

www.Agriculture.Vermont.Gov 116 State Street • Montpelier, Vermont 05620-2901 • (802) 828-2436 • (802) 828-3831 FAX

Dear Vermont Beekeeper:

Please refer to the directions below to complete the apiary registration form. Return to the completed form to address listed below.

- Check boxes appropriate to your operation: no bees or new beekeeper or selling bees. This information will signal your need for an inspection certificate.
- The Apiary# or Name: if the hives are located at your home, this can be designated as "*Your Name Here Home Yard*". You may also use a specific name or number if desired.
- The #of Colonies is the total number of hives (full size hives, and/or nucleus colonies) established at a given apiary location as of the renewal/application date. Note: Close estimates are acceptable if necessary.
- Under the Source of New Bees, write the apiary where you purchased new or replacement bees and /or queens. Under the "#lost WINTER", enter only the number of colonies you lost this past winter. (November through April.) Under mite control method or practice – write down the product(s) you use for mite control (MAQS, OA, Api Life Var, Thymol, etc.) and other control (SBB -screened bottom board, drone removal, break brood cycle, etc) be as specific as needed.
- The 911, or GPS Address, will be specific for each apiary location. In most cases, if the apiary location is at your home address (specific house number and street address) we can verify the GPS using our system, and you can indicate 'Same as home 911address'. If you have a P.O. Box, provide the 911address for the apiary location. If you have additional apiary locations that do not have a 911address, provide GPS coordinates in the following format: 44.34567, -73.34567. If the pre-populated data includes this information for an apiary location, it should be accurate unless the location has been changed in the last year or so. If in doubt, include the GPS information and we will update our database.
- As required by 6 V.S.A. Chapter 172, it is the duty of every person having one or more colonies of bees in their possession or under their control to report the location of such colonies. It is essential that apiary inspectors know the locations of all colonies of bees in Vermont to effectively control honey bee diseases and pests.
- The registration period is from July 1st to June 30th. Per 6 V.S.A. Chapter 172 § 3022, there is an annual \$10 registration fee per apiary location. Effective July 1, 2016, renewals greater than 30 days delinquent will be assessed a late fee of \$27 per license/registration/certification as per 6 VSA 1 § (13). If the base renewal fee total is less than \$27, the late fee will equal the renewal fee.

If you have any questions concerning this application, please contact the Agency at (802) 828-2436.

Please remit payment to:

Vermont Agency of Agriculture, Food & Markets Business Office Licensing and Registration

116 State Street Montpelier, VT 05620-2901



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APIARY REGISTRATION FORM

Applicant Name:

Business Name:

Mailing Address:

Physical Address:

City, State, Zip:

City, State, Zip:

Telephone:

Email:

Please check all that apply:

[] I am a new beekeeper [] I no longer keep bees

I am selling: [] queens [] nucleus colonies [] packages [] full colonies

Total # of Apiaries: _____

Total # of Colonies: _____

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.

In the table below, provide the following information for all apiary locations. If you need more space, please copy this form for recording additional locations as needed.

Table with 9 columns: Apiary # or Name, # of Colonies, County, Town, Land Owner, 911 or GPS Address, Source of new bees, # colonies lost winter (Nov-April), Mite control method or practice. The table contains 6 empty rows for data entry.

Read and initial the 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.

Please sign and remit payment of \$10.00 per apiary location to: Vermont Agency of Agriculture, Food & Markets.

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116 State Street
Montpelier, VT 05620-2901 (802) 828-2436
www.agriculture.vermont.gov

Signature: _____

Date: _____