

APIARY REGISTRATION FORM



Applicant Name: _____ **Business Name:** _____
Mailing Address: _____ **Physical Address:** _____
City, State, Zip: _____ **City, State, Zip:** _____
Telephone: _____ **Email:** _____

As required by 6 V.S.A. § 3023 it is the annual duty of every person having one or more colonies of honey bees in their possession or under their control to provide the following information: Location and number of all colonies; Anticipated changes in location of any apiaries within two weeks of filing this report; Discovery of honey bee disease(s); Rearing of queen bees or any other bees for sale; Transport of any bees, colonies, or used equipment into the state; and Varroa mite and pest mitigation plan for each apiary. Additionally, 6 V.S.A. § 3022 states: Any person who is the owner of any bees, apiary, colony, or hive shall pay a \$10.00 annual registration fee for each apiary.

Provide information for all apiary locations. Provide GPS coordinates in the following decimal format: **44.34567, -73.34567** (Do not provide GPS in Degrees, minutes, seconds format) 911 addresses are acceptable, in residential locations, if GPS location is not known.

Apiary # or Name	Colony count	Location Name	County	Town	Land Owner	GPS Coordinates or 911 address

New, changed or updated locations not on the property of the applicant will be considered "under review" until individually approved or denied according to 6 V.S.A. § 3034.

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. If you need more space, please copy this form for recording additional locations as needed.

Read and initial the following statement and sign the 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:** _____

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Signature: _____ **Date:** _____

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

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

