

# 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**