

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 am a Migratory Beekeeper Check here to opt in to our email newsletter
 I intend sell:
 Queens Packaged bees
 Nucleus colonies Full 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.

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

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:** _____ **Date:** _____

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

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