



APPLICATION FOR APIARY REGISTRATION 2019

PLEASE INCLUDE PAYMENT WITH APPLICATION ON OR BEFORE JUNE 1ST

THIS SECTION TO BE COMPLETED BY APIARY PROGRAM OFFICE
IDENTIFICATION NUMBER:
CERTIFICATE NUMBER:
COMPANY:
NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE:
EMAIL:
COUNTY:
Check applicable box: [] Registered previously [] Additional Locations [] New beekeeper

PAYMENT is REQUIRED with APPLICATION. Applications postmarked after June 1st are subject to a \$10.00 late filing fee.
Exceptions to Late Fee, after June 1st; New Beekeepers, or registering additional locations.
Fee of \$5.00 per apiary LOCATION (property address) made payable to the "Ohio Department of Agriculture"
Number of Locations: _____ @ \$5.00 each = Total Amount Due \$ _____ .00
Payment by check or money order only; Payment Method: [] Check# _____ [] Money Order # _____
DO NOT SEND CASH.

Table with 7 columns: Hive Location, # of Colonies, County, Township, Location Information (Address, City, Zip Code), Property Owner's Name, Beekeepers; IF You SELL Queens or Nucs from or at this location, Check 'YES' or 'NO'. Rows 1-5.

* Please write on back of form to provide inspector with additional directions and/or hive location information, if needed. (GPS Coordinates are helpful and appreciated; please indicate by Longitude and Latitude, in Decimal Degrees.)

My signature below certifies that the information provided above is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____