



# BEEKEEPING LICENSE APPLICATION

City of Janesville

Clerk Treasurers Office

18 N. Jackson St, Janesville WI 53547

Phone (608) 755-3070 Fax (608) 755-3090

[www.ci.janesville.wi.us](http://www.ci.janesville.wi.us)

The City Clerk Treasurer has the authority to grant approval or denial of beekeeping license applications based on the requirements put forth by the City of Janesville Code Section 6.12.130.

<b>OFFICE USE ONLY</b>
Permit #
Initial Fee <input type="checkbox"/> \$50    Renewal Fee <input type="checkbox"/> \$25
Fee Total:
Date Received:

**Renewal application is due by December 15th**

License is valid from January 1 through December 31

Property Type:	Property Address:
<b>Owner's Information</b>	<b>Applicant Information: Beekeeper? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
E-Mail:	E-Mail:
<b>MATERIALS REQUIRED WHEN APPLYING FOR LICENSE:</b>	
<input type="checkbox"/> Site Plan-A Scaled Dimensional Drawing showing all adjoining structures, property lines and the proposed apiary <input type="checkbox"/> Proof of Neighbor Notification-Certified mailing and/or City of Janesville Beekeeping Neighbor Notification Form <input type="checkbox"/> Proof of Waiver by Neighbors for distance requirements (if applicable) <input type="checkbox"/> Letter of Approval from property owner if beekeeper is tenant (if applicable)	
<b>OFFICE USE ONLY-Findings of the Clerk Treasurer after consideration of the code criteria</b>	
License Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Signature of Approval:	Date:
Reason for Denial (if applicable):	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

In accordance with City of Janesville Code Section 6.12.130 I acknowledge that the Bee Hive(s) operated at the listed address meets all requirements of the ordinance and that I have notified all property owners within 150' of the proposed hive location.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Neighbor Notification Form**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Approve  Object  Household resident with demonstrable medical condition
- Grant site waiver-This waiver voids distance and location requirements as stated in City of Janesville Code 6.12.130

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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