

APPLICATION FOR APIARY REGISTRATION

PLEASE PRINT LEGIBLY

IDENTIFICATION NUMBER: _____ CERTIFICATE NUMBER: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE NUMBER: _____

OHIO COUNTY: _____ E-MAIL ADDRESS: _____

Check one box: Not currently registered; registered previously Registered this year; additional apiary (ies) New beekeeper; never registered

PAYMENT REQUIRED:

Remittance of \$5.00 per apiary location payable to the Ohio Department of Agriculture must be enclosed.

Payment by check or money order only:

Payment Method: Check # _____ Money Order # _____

of Apiary Locations: X \$5.00 = \$. Late Fee: _____

Apiary Location	# of Colonies	County	Township	Directions: Street Address, Road Name	Property Owner
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Registrations received after June 1 shall be subject to a \$10.00 late filing fee in addition to the registration fee (ORC 909.02). I certify that the information provided above is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____