

License No. _____
 Date Received _____
 Amt _____ Ck. No. _____
 (Office Use Only)

APPLICATION FOR APIARY LICENSE

STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY
 Division of Animal and Plant Health
 28 State House Station
 Augusta, Maine 04333

Name: _____ **Phone:** _____

Address: _____ **County of Residence:** _____

City/State/Zip: _____ **Email:** _____

Are you interested in being called to collect swarms in your area? (Yes) or (No)

In accordance with Title 7, MRSA, Section 2701, I hereby report ownership of _____ colonies of bees in my possession on **June 15, 2016.**

No. of Colonies	County (if different from above)	City or Town (if different from above)	Address (if different from above)	Name of Property Owner (if different from above)

Total _____

Calculation of License Fee: The fee schedule is found on the back of this page, the minimum registration is \$2.00. Make check or money order payable to: **"Treasurer, State of Maine"**, and return with form to the above address.

Date _____

Signature of Applicant _____

Fee Enclosed _____

Crop Reporting Service for 2015 - (Supplying this information is voluntary)

No. of Colonies _____ Total pounds of beeswax _____
 Total pounds of honey _____ Avg. obtained per pound of beeswax _____
 Avg. price obtained _____ No. of colonies rented for pollination _____
 Avg. price obtained for pollination colony _____ **No. of hives lost past winter** _____

FEE SCHEDULE

<u>Number of Colonies</u>	<u>Registration Fee</u>
1- 5	\$ 2.00
6- 10	5.00
11- 40	12.00
41- 70	20.00
71- 100	25.00
101- 200	40.00
201- 300	60.00
301- 400	75.00
401- 500	90.00
501- 600	105.00
601- 700	120.00
701- 800	135.00
801- 900	150.00
901-1000	165.00
1001-1500	195.00
1501-2000	230.00
2001-3000	330.00
3001-4000	425.00
4001-5000	450.00
5001-6000	470.00
6001-7000	490.00
7000- +	500.00