



Office of the Zoning Administrator

100 N Wall St.

Denmark, WI 54208

Ph. 920-309-0721

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APPLICATION for KEEPING OF BEES LICENSE

*This application and its application fee are required to determine compliance with the Zoning Ordinance. This Application **must be completed in full**. The Village of Denmark **cannot accept** an incomplete Application Form or an Application Packet lacking all required information. One paper copy and one digital copy (PDF or similar format) of the application packet is required.*

Contact Information:

Property Owner: _____

Address: _____

Phone: _____ Email: _____

Applicant (if different from Property Owner): _____

Company: _____

Address: _____

Phone: _____ Email: _____

Property Description:

Address: _____ Parcel ID: _____

Current Zoning: _____ Lot Size: _____ Lot Width: _____

Current Use of Property: _____

Bees and Hives:

Number of hives: _____ Dimensions of hives: _____

If this is a renewal, have there been any changes from the previous year?

Yes _____ No _____

Site Map:

Include site map showing location of hive(s), signage, and flyway barriers on property, including distances from onsite structures, property lines, and structures on adjoining properties.

Affirmations:

1. I hereby certify that this application is complete, true, and correct to the best of my knowledge.
2. I further certify that the keeping of bees is for personal, non-commercial use.
3. I understand that no commercial sales from the residence or any residential area within the Village is permitted.
4. I agree, in the consideration of the issuing of this license, to comply with the laws of the State of Wisconsin and the provisions of Village of Denmark Code of Ordinances.
5. I understand that the Keeping of Bees License is valid for one calendar year beginning January 1st and ending December 31st, and shall be renewed no later than March 31st as long as bees are kept on the property.
6. I have reviewed Section 315-76 of the Zoning Ordinance and understand that keeping of bees shall conform fully with its requirements.
7. I understand that the violation of any terms of this License or of the Zoning Ordinance may result in revocation of the License.

Applicant Signature: _____ Date: _____

Application Fee:

The Application Fee for a Keeping of Bees Permit is \$25.00. The Application shall not be accepted until the Application Fee has been paid.