Office of the Zoning Administrator
100 N. Wall St.
Denmark, WI 54208
Ph. 920-309-0721
jeffs@communityplanningandconsulting.com

APPLICATION for KEEPING OF BEES LICENSE

*This application and its application fee are required in order to determine compliance with the Zoning Ordinance. The Application **must be completed in full**. The Village of Denmark **cannot accept** an incomplete Application Form or an Application Packet lacking all required information.*

*The Applicant shall submit **one paper copy and one digital copy** (PDF or similar format) of the application packet.*

Contact Information:

Property Owner: _____

Address: _____

Phone: _____ Email: _____

Applicant (if different from Property Owner): _____

Address: _____

Phone: _____ Email: _____

Property Description:

Address: _____ Tax Parcel Number: _____

Current Use of Property: _____

_____

Bees and Hives:

Type of Bees Kept: (check one)

	Honeybees		Mason Bees

Number of hives: _____ Dimensions of hives: _____sf.

Is this a renewal of a previously issued license? Yes _____ No _____

If yes, have there been any changes in terms of the number, size, or location of hives?
Yes _____ No _____

If yes, please describe: _____

_____

Application Checklist:

The purposes of the Application Checklist are to ensure a complete submittal has been prepared and to expedite the review process. The checklist is not necessarily inclusive of all requirements needed and does not absolve the Applicant from compliance with other applicable sections of the Zoning Ordinance.

The Application Checklist **shall be completed in full** by entering one of the following into each box in the Code column in the table below:

✓	Shown on Site Plan Drawing	#	Included with Application

Code	Keeping of Bees Site Plan Submittal Requirements
	Boundaries of property and location of all existing structures.
	Location of hive(s).
	Distance from hive(s) to public sidewalks, property lines, and residences on abutting lots.
	Location, size, and height of required signage.
	Color images of required signage
	Description, location, and height of flyway barrier, if so required.

Additional plans and data may be required if determined to be necessary in order to complete a thorough and efficient review. Certain submission requirements may be waived when determined to be superfluous.

Consultant Fees:

The Village may retain the services of professional consultants to assist in the review of a proposal coming before the Plan Commission and/or Village Board. The submittal of an application under the zoning ordinance shall be construed as an agreement to pay for such professional review services.

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.

Application Fee:

The Application Fee for a Keeping of Bees Permit is **$50.00**. The Application shall not be accepted until the Application Fee has been paid.

Signature:

Applicant Signature: _____ Date: _____