Department of Public Health

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Environmental Health Division 262-636-9203 Community Health Division 262-636-9431 Laboratory Division 262-636-9571

APPLICATION FOR BEEKEEPING PERMIT

Pursuant to Municipal Code Chapter 10

Return application to the City of Racine Department of Customer Service 730 Washington Ave, Room 103, Racine, WI 53403

OWNER'S NAME	PARCEL NUMBER
ADDRESS CITY, STATE, ZIP CODE	
PHONE NUMBER	ALTERNATE PHONE NUMBER
EMAIL ADDRESS	
IS A BARRIER NEEDED TO INHIBIT BEES FROM FLYING TO ADJACENT PROPERTIES?	
☐ YES* ☐ NO *IF YES, DESCRIBE:	
DESCRIBE THE LOCATION OF THE HIVE, STAND OR BOX AND WATER SOURCE.	
DESCRIBE THE LOCATION OF THE RIVE, STAND OR BOX AND WATER SOURCE.	