

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, 2017**.

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 2016 - (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