



Department of
Agriculture

Division of Plant Health • Apiary Program
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APPLICATION FOR APIARY REGISTRATION

PLEASE PRINT LEGIBLY

PLEASE RETURN WITH PAYMENT BY JUNE 1

IDENTIFICATION NUMBER:

CERTIFICATE NUMBER:

NAME:			
ADDRESS:			
CITY, STATE, ZIP:		PHONE#	
EMAIL:		COUNTY	
Check boxes that apply:	<input type="checkbox"/> Registered previously	<input type="checkbox"/> Additional apiary(ies)	<input type="checkbox"/> New beekeeper; never registered

PAYMENT REQUIRED:

Remittance of \$5.00 per apiary LOCATION payable to the Ohio Department of Agriculture must be enclosed.

Payment by check or money order only; Payment Method: Check# _____ . Money Order # _____ .

Number of Apiary Locations: _____ . x \$5.00= \$ _____ . ____.

(Applications postmarked After June 1st are subject to a \$10.00 late filing fee)

Apiary Location	# of Colonies	County	Township	Directions: Street Address, Road Name	Property Owner
1					
2					
3					
4					
5					
6					
7					
8					
9					

If you plan to sell Queens, nucs or packages in 2012, check here

I certify that the information provided above is true and accurate to the best of my knowledge.

SIGNATURE:		DATE:	
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