



# Department of Agriculture

Division of Plant Health • Apiary Program  
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## APPLICATION FOR APIARY REGISTRATION 2015

PLEASE RETURN WITH PAYMENT BY JUNE 1ST

IDENTIFICATION NUMBER:

CERTIFICATE NUMBER:

FIRST & LAST NAME:			COMPANY 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		

### PAYMENT REQUIRED:

Please enclose \$5.00 per apiary LOCATION payable to the "Ohio Department of Agriculture".

Payment by check or money order only: Payment Method:  Check# \_\_\_\_\_  Money Order# \_\_\_\_\_

Number of Apiary Locations: \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_ Total Amount Due

Applications postmarked after June 1st are subject to a \$10.00 late filing fee

Apiary Location	# of Colonies	County	Township	Directions:			*Selling Queens/Nucs	Property Owner
				Address	City	ZipCode		
1							<input type="checkbox"/>	
2							<input type="checkbox"/>	
3							<input type="checkbox"/>	
4							<input type="checkbox"/>	
5							<input type="checkbox"/>	
6							<input type="checkbox"/>	
7							<input type="checkbox"/>	

**\*Please check the box(es) above for each location in which you will be selling Queens/Nucs.**

My signature below certifies that the information provided above is true and accurate to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_