| Date Red | ceived | |
|----------|--------|--|
| Amt | Ck. No | |

(Office Use Only)

Phone:

2023 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:

| Mailing A | Address: | | County: | |
|---------------------------|-------------------------------------|---|---|--|
| City/State/Zip: | | | Email: | |
| • | <u> </u> | called to collect swar | ms in your area for the 2024 so | eason? (Yes) or (No) |
| n accorda | | RSA, Section 2701, I | hereby report ownership of the f | Collowing honey bee colonies in |
| 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) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Fotal Nur | mber of Colonies _ | | | |
| | | | e minimum registration is \$10.0 with form to the above address. | 0. Make check or money order |
| Fee Enclos | sed | | | |
| Date | | Signature of | Applicant | |
| | Crop | | Supplying this information is volutional pounds of beeswax extractions. | untary) |
| No. of hiv | es lost over winter_ | | Avg. price obtained per pound | of beeswax |
| I otal pour Avg. price | e obtained per pound | ed l of honey | No. of colonies rented for pollinate Avg. price obtained for pollinate | |

FEE SCHEDULE

| Number of Colonies | License Fee |
|--------------------|-------------|
| 1 – 10 | \$10.00 |
| 11 – 30 | 20.00 |
| 31 - 70 | 30.00 |
| 71 - 100 | 40.00 |
| 101 - 200 | 55.00 |
| 201 - 300 | 75.00 |
| 301 - 400 | 90.00 |
| 401 - 500 | 105.00 |
| 501 - 600 | 120.00 |
| 601 - 700 | 135.00 |
| 701 - 800 | 150.00 |
| 801 - 900 | 165.00 |
| 901 - 1000 | 180.00 |
| 1001 - 1500 | 215.00 |
| 1501 - 2000 | 250.00 |
| 2001 - 3000 | 365.00 |
| 3001 - 4000 | 470.00 |
| 4001 - 5000 | 500.00 |
| 5001 - 6000 | 520.00 |
| 6001 - 7000 | 540.00 |
| 7001+ | 550.00 |