Date Re	ceived	
Amt	Ck. No	

(Office Use Only)

Phone:

## 2025 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:		
Are you i	nterested in being	called to collect swar	ns in your area for the 2026 s	season? (Yes) or (No)	
Is this a r	enewal or a new re	gistration? (Renewa	al) or (New)		
	ance with Title 7, M sion on <b>June 15, 20</b>		nereby report ownership of the	following 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)	
Total Nur	nber of Colonies _				
			minimum registration is \$10.0 ith form to the above address.	00. Make check or money order	
Fee Enclos	sed				
Date		Signature of	Applicant		
	Crop	Reporting for 2024 - (S	Supplying this information is vo	luntary)	
No. of col	onies owned in 2024	4	Total pounds of beeswax extra		
No. of hives lost over winter  Total pounds of honey extracted  Avg. price obtained per pound of honey			No. of colonies rented for pollination		

## 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