FEE: \$10.00

APPLICATION FOR RAISING/BEEKEEPING PERMIT

Village of Monticello

Telephone: (608)938-4383 Fax: (608)938-4352



	Applicant/Beekeeper	Property Owner*
Name		
Address		
Phone		
Email		
A Letter	of Approval from the Property Owner is requ	ired if beekeeper is tenant at property.
Property where hive(s) will be located		
Address:, Monticello, WI		
Size of Property:		
Beekeeping Information		
Water Source to be provided:		
Attachmen	ts The following items shall be provided.	
☐ A scale drawing of the site, showing the location of the hive(s), water source, lot lines and setbacks, and habitable buildings within 25 feet of the hives.		
\Box Letter from property owner where hive(s) will be kept (if property is not owned by the applicant).		
Signature		
Upon issuance of Permit, the undersigned hereby agrees to adhere to village ordinance #7-1-23		
Raising/Keepinย	g of Bees.	
Signature:		Date:
Office Use Only	Date Provided to Villa Date Permit Issued – I	ge Board Approved Denied Permit No.: