



City of Manitowoc
 900 Quay Street | Manitowoc, WI 54220 920.686.6950
 www.manitowoc.org

Honeybee Permit Application

FOR INTAKE, STAFF USE ONLY

Application date _____
 Issued date _____
 Approved by _____
 License fees _____

APPLICANT: Complete all sections. Please print legibly.

Address _____ **Parcel #** _____

Zoning District _____

Name of Apiary Owner _____

Address of Apiary Owner _____

Telephone of Apiary Owner _____ **Email** _____

Property Owner Name (if different) _____

Property Owner Address (if different) _____

Telephone _____ **Email** _____

Check the box for the applicable zoning district:

- P-1 Conservancy Districts
- R-1 Residential-Agricultural Districts
- R-2 and R-3 Single-Family Residential Districts
- R-4 Single and Two-Family Residential Districts

I have read, understand and agree:

- To comply with the ordinances applicable to the keeping of honeybees.
- City staff is authorized to make inspections, during reasonable hours, to determine compliance.
- The City may revoke a permit if a permit holder incurs three (3) or more beekeeping-related violations within a 24-month period.

Applicant's signature & date _____