



**CITY OF PORT WASHINGTON
BEEKEEPING LICENSE APPLICATION**

NEW - \$50

RENEWAL - \$35

PLEASE PRINT

Name of Applicant _____
Last First Middle

Property Address _____

Home Phone _____ Cell Phone _____

Email Address _____

I hereby apply for a Beekeeping License subject to all the requirements contained in Ch. 141 Art. III of the Port Washington Municipal Code.

Date Applicant's Signature

License Fee Received _____

Date Received _____

Authorized By _____
Name Title

License No. _____