

## Apiary Registration Application

License Number: \_\_\_\_\_ Applicant Number: \_\_\_\_\_  
PRINT OR TYPE THE FOLLOWING License Expires May 31, 20\_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Circle one:    New License    Renewal

**Please Note:** Registration not required for 1-4 colonies.

### Fee Schedule

License Fee: Number of colonies \_\_\_\_\_ times \$0.50 plus \$10 = \_\_\_\_\_

(If Renewing after July 1<sup>st</sup>, fee amount is \$0.50 per colony plus \$20)

If manager of beehives is different from licensee please provide contact information.

### PAYMENT METHOD

**For Checks or Money Orders, mail to:**

Oregon Department of Agriculture  
PO Box 4395 Unit 17  
Portland OR 97208-4395

**For Credit Card Charges, mail or fax to:**

Oregon Department of Agriculture  
635 Capitol St. NE  
Salem, OR 97301-2532

Secure Fax  
(503) 986-4746

Make checks payable to: Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701.

### For Visa, MasterCard or Discover Charges Complete Information Below

Name of Cardholder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Total Charges: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_