



## Apiary Registration Application *Registration not required for 1-4 colonies*

**Please check the appropriate box below:**

New License     Renewal – License Number \_\_\_\_\_

*For Internal Use:*

License Number: \_\_\_\_\_ Application Number: \_\_\_\_\_

### Contact Information:

Business Name: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

If **manager** of beehives is different from licensee (above), please provide contact information.

Beehive Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Calculate Your License Fee:

Renewing January-June: Number of colonies: \_\_\_\_\_ X \$0.50 + \$10.00 = \_\_\_\_\_

*If renewing after July 1<sup>st</sup>, fee amount is \$0.50 per colony plus \$20.*

Renewing July-December: Number of colonies: \_\_\_\_\_ X \$0.50 + \$20.00 = \_\_\_\_\_

***Do not email this form or any credit card information***



**Payment Method**

**Important Notes:**

- Only use USPS to mail in your payments (do not send this using UPS or FED-EX).
- Do not email this form or payment information, all emailed submissions will be rejected.
- Please print and fill out all pages, then mail them to the appropriate address below.
- Email or fax receipts are available for credit card payments ONLY.
- You can pay in person at the payment window on the first floor of the ODA Salem Office (635 Capitol St. NE, Salem Oregon 97301) to expedite this process. Public access is through the doors on the West side of the building

**Check or Money Orders:**

Make checks payable to the Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$35.00 administrative fee per ORS 30.701 Mail check or money order to

Oregon Department of Agriculture P.O. Box 4395, Unit 17 Portland, Oregon 97208-4395
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**Credit Cards:**

Do not email this form or payment information. All emailed submissions will be rejected.

Digital signatures on this form are not accepted and will result in a rejected payment

Oregon Department of Agriculture 635 Capitol St NE Salem, Oregon 97301-2532	OR	Secure Fax Line: 503-986-4746
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**For Visa, MasterCard, Discover, or American Express card charges, complete the following:**

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

Address: \_\_\_\_\_

Email or fax receipt available for credit card payments **ONLY**. Email or fax:

\_\_\_\_\_

Total Charges: \_\_\_\_\_ Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Digital Signatures are not accepted, please use a pen*

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