

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 1st, 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: _____ / _____