



Application for:  
**HONEY BEEKEEPING PERMIT RENEWAL**  
 (As per Municipal Code §99-23)

505 Third Street • Hudson, WI 54016 • (715)386-4776

www.ci.hudson.wi.us

Date	
Applicant Name	
Mailing Address	
Phone	Email
Property Owner Signature (if different than applicant)	
Site Address  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(number)</span> <span>(street)</span> <span>(other information)</span> </div>	
Number and location of hives on the property	

The following are to be included with the application:

- Application renewal fee (nonrefundable) of **\$20.00** payable to the City of Hudson
- A brief narrative specifying any changes from the original beekeeping application, if applicable.
- Neighbor Notification Form

I hereby acknowledge that this information is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Hudson; that I understand this is not a permit, but only an application for a permit. This permit will be valid for 12 months from the date of issuance. Permit holder will be responsible for obtaining a renewal beekeeping permit before either the expiry date of this permit or the renewal deadline of April 1<sup>st</sup> of the following year, whichever comes first.

NOTE: If application is being filed after April 1<sup>st</sup>, the permit will go into effect the following year.

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

**OFFICE USE ONLY**

Approved / Denied by: \_\_\_\_\_ Date \_\_\_\_\_

Application #	Receipt #	Date of Issuance	Expiration Date
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## NEIGHBOR NOTIFICATION FORM (BEEKEEPING PERMIT)

In accordance with the City of Hudson Municipal Code Chapter 99-23, I acknowledge that I have been notified of my neighbor's intent to have bee hive(s) at their home.

Beekeeping Applicant: \_\_\_\_\_

Address for Potential Bee Hives: \_\_\_\_\_

Date Information Provided: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Approve - Allow beekeeper to place hives up to a 20 ft proximity of my property.

Approve - Allow beekeeper to place hives less than 20 ft from my property.

Object - Reason?: \_\_\_\_\_

Household has resident with honeybee allergy (**must provide medical documentation**)

SIGNATURE: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Approve - Allow beekeeper to place hives up to a 20 ft proximity of my property.

Approve - Allow beekeeper to place hives less than 20 ft from my property.

Object - Reason?: \_\_\_\_\_

Household has resident with honeybee allergy (**must provide medical documentation**)

SIGNATURE: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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Object - Reason?: \_\_\_\_\_

Household has resident with honeybee allergy (**must provide medical documentation**)

SIGNATURE: \_\_\_\_\_

**ANY OBJECTIONS FOR PERMIT APPROVAL WILL BE BROUGHT TO PLAN COMMISSION AND COMMON COUNCIL FOR CONSIDERATION.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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Approve - Allow beekeeper to place hives less than 20 ft from my property.

Object - Reason?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Household has resident with honeybee allergy (**must provide medical documentation**)

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\_\_\_\_\_  
\_\_\_\_\_

Household has resident with honeybee allergy (**must provide medical documentation**)

SIGNATURE: \_\_\_\_\_

*(if more signatures are required, please print multiple pages)*