



**LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY**

Mike Strain DVM, Commissioner

Horticulture & Quarantine Programs, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806, (225) 952-8100, FAX (225) 925-3760

**NEW APIARY PERMIT APPLICATION**

MAKE YOUR NUMBERS & LETTERS EXACTLY LIKE THESE EXAMPLES. USE CAPITAL LETTERS ONLY.

1234567890 ABCDEFGHIJKLMNOPQRSTUVWXYZ



*Please fill in all the information in these blocks.*

NAME :  Mr.  Ms.  Mrs.

FIRST :

MIDDLE :

LAST :

SUFFIX :     PARISH OR COUNTY :

ADDRESS :

CITY :                  STATE :   ZIP CODE :

TYPE OF OPERATION (CHECK ONE OR MORE IF APPLICABLE):

COMMERCIAL HONEY PRODUCER (BK1)  HOBBYIST (BK2)

COMMERCIAL QUEEN AND PACKAGE PRODUCER (BK3)  APIARY RESEARCH (BK4)

POLLINATION SERVICES (BK5) EMAIL : \_\_\_\_\_

**NEW LOCATIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NO. HIVES**

Total No. Hives

**NO. YARDS (Locations)**

Total No. Yards

Total from additional pages :

**PERMIT FEE CHART**

NO. OF HIVES	CLASS A LA RESIDENT	CLASS B NON-RESIDENT
1 TO 10	\$0.00	\$16.00
11 TO 25	\$4.00	\$16.00
26 TO 100	\$10.00	\$40.00
101 TO 300	\$20.00	\$80.00
301 TO 500	\$30.00	\$120.00
501 OR MORE	\$50.00	\$200.00

**TOTAL AMOUNT DUE**

(See Fee Chart)

**INSTRUCTIONS:**

- Fill in contact information and select your type(s) of operation.
- Add parish location with the number of hives and yards. If needed please use additional sheets.
- Refer to Permit Fee Chart for Apiary Fee. Louisiana residents use Class A fees and non-residents use Class B fees.
- Make check payable to Louisiana Department of Agriculture and Forestry.
- Application is required even if no fee is required.
- All permits expire September 30th of each year.
- Mail completed application along with check or money order to 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806.
- For information, contact (225) 952-8100 or e-mail horticulture@ldaf.state.la.us.
- Do not staple payment to form. DO NOT SEND CASH.
- Apiary Permit Fees are subject to R.S. 3:2305.

**OFFICE USE**

A/AES-22-35 (r.07/22)

Transmittal # :

Check # :

Date :

Amt. \$ :

Signature \_\_\_\_\_ Date