

SOUTH PLAINFIELD HEALTH DEPARTMENT  
2480 Plainfield Avenue, South Plainfield, NJ 07080

**BEE KEEPING LICENSE APPLICATION**

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

MANDATORY EMAIL: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

**NON-REFUNDABLE APPLICATION FEE**

		<u>AMOUNT</u>
<i>BEE KEEPING</i>	<i>FIFTY DOLLARS</i>	<i>\$50.00</i>
LATE PENALTY	<i>\$50.00 PER MONTH AFTER MARCH 31ST</i>	_____
	<i>TOTAL AMOUNT:</i>	_____

**NOTE: Application is to be completed and returned with a check payable to the "South Plainfield Health Department" by March 31<sup>st</sup> otherwise a \$50.00 PER MONTH late fee will be incurred.**

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**FOR OFFICE USE ONLY:**

LICENSE # \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

METHOD OF PAYMENT: CASH \$ \_\_\_\_\_ CHECK \$ \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_