



TOWN OF RAYNHAM
Selectmen and Board of Health
558 South Main Street
Raynham, MA 02767
Tel: 508-824-2766
Fax: 508-824-1540

Date: _____

Fee: \$25.00

APPLICATION FOR ANNUAL BEEKEEPING PERMIT

NAME: _____

ADDRESS: _____

MAILING ADDRESS (If different): _____

E-MAIL: _____

TELEPHONE NUMBER: _____

Please provide a copy of your Beekeeping Course Certificate

Please attach a diagram of your property showing property lines, location of building(s) within those lines where Bee Hives will be kept and the approximate number of feet from the buildings to the property lines.

Permits expire on December 31st of each year.

APPLICANT'S SIGNATURE: _____

Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal ID: _____

Signature of Individual or Corporate Name: _____

Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request