

Munis INV #: 195728

Original _____
*50% approval from neighboring property owners
J&A and Council Approval

License Fee: _____

Renewal _____
J&A Approval

Invoice No.: _____

**APPLICATION TO OWN, KEEP AND/OR HONEYBEES
IN THE CITY OF LA CROSSE**

License Period: January 1, ____ to December 31, ____ (fifth year of the licensure period)

APPLICANT:

John Paul + Sarah Galep

PROPERTY ADDRESS WHERE HONEYBEES WILL BE KEPT:

1725 Onlsun Ct LaCrosse WI 54601

PROPERTY OWNER(S):

John Paul Galep Sarah Galep
If applicant is not the owner, please provide written documentation from the owner that they have been notified.
Not applicable for renewal.

Is the property X ONE-FAMILY dwelling or ____ TWO-FAMILY dwelling? (Check One)
If two-family, provide written documentation from other occupant that they have been notified.
Not applicable for renewal.

Attach a scale drawing showing property lot lines, location of apiary and distance from any primary buildings on abutting lots and distance from any public sidewalk(s).

If colony is kept less than twenty-five (25) feet from a property line of the lot upon which the apiary is located, and any entrance to the hive faces that lot line; include location, height and description of flyway barrier required pursuant to Sec. 6-18(c)(1).

Applying for and obtaining a beekeeping license **DOES NOT** provide any authority to violate any restrictive covenants that govern the property where you reside or intend to keep honeybees. Please review any Declaration of Restrictions or Restrictive Covenants that apply to the property prior to applying for a beekeeping license. No permit fees will be refunded once they are paid.

The above applicant(s) hereby makes application for a license to own, harbor and/or keep honeybees at the above property address within the City of La Crosse pursuant to provisions of Section 6-18 of the Code of Ordinances for the City of La Crosse.

Galep
(signature)

[Signature]
(signature)

608 790 5858
(telephone)

4-3-24
(date)

715 370 8224

**WRITTEN APPROVALS
ALLOWING FOR BEEKEEPING IN THE CITY OF LA CROSSE**

We the undersigned, representing at least 50% of the owner-occupied neighboring property owners of the following property address in which the applicant is applying for a Beekeeping License, do hereby approve said license being granted in accordance with City of La Crosse Sec. 6-18.

Applicant: John Paul + Sarah Galep Property Address: 1725 Ohlson Ct

- NAME (Print) Brad Gerke ADDRESS 1720 Ohlson Court
 SIGNATURE [Signature] DATE 3/26/24
- NAME (Print) Betsy Gerke ADDRESS 1720 Ohlson Court
 SIGNATURE [Signature] DATE 3/26/24
- NAME (Print) Erin Klar ADDRESS 1730 Ohlson Ct.
 SIGNATURE [Signature] DATE 3-27-24
- NAME (Print) Steve Klar ADDRESS 1730 Ohlson Ct.
 SIGNATURE [Signature] DATE 3-27-24
- NAME (Print) MARY BERANEK ADDRESS 1712 OHLSUN CT
 SIGNATURE Mary Beranek DATE 3-27-2024
- NAME (Print) Joe Beranek ADDRESS 1712 Ohlson Ct.
 SIGNATURE Joe Beranek DATE 3/27/24
- NAME (Print) Jason Cobb ADDRESS 1709 Ohlson Ct
 SIGNATURE [Signature] DATE 3/28/24
- NAME (Print) Krista Cobb ADDRESS 1709 Ohlson Ct
 SIGNATURE [Signature] DATE 3/28/24
- NAME (Print) _____ ADDRESS _____
 SIGNATURE _____ DATE _____

Note: As each tax parcel counts as one (1) towards the requisite number needed, all owners must sign. For example, if only the husband signs for a property that both husband and wife own, only one-half (1/2) of the parcel is counted.

