

**APIARY OWNER'S SUPPLEMENTAL TO
THE AGRICULTURAL PROPERTY STATEMENT**

*(Declaration of costs and other related
property information as of 12:01 A.M., January 1, 2019)*

NEVADA COUNTY ASSESSOR
Susan M. Horne
Business Property Division
950 Maidu Ave., Nevada City, CA 95959
(530) 265-1259

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

FILE RETURN BY APRIL 1, 2019.

NAME AND MAILING ADDRESS *(Make necessary corrections to the printed name and mailing address.)*

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┐ Account #:

Assessor's Parcel Number:

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┘ Situs Address:

County hives are located in	# of Hives

1. Number of hives not in use: _____

2. Number of Supers not in use: _____

3. Number of Nucs on hand: _____

4. Do you send bees to other states? YES NO

5. Do you lease bees from others? YES NO

6. Do you rent bees from out of state? YES NO

7. Cost of materials on hand to construct beehives: \$ _____

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING AFFIDAVIT ▶	TITLE	DATE
NAME OF PERSON MAKING AFFIDAVIT <i>(typed or printed)</i>	E-MAIL ADDRESS	DAYTIME PHONE

THIS STATEMENT IS SUBJECT TO AUDIT

