



UTAH DEPARTMENT OF AGRICULTURE AND FOOD

350 N. Redwood Road
P.O. Box 146500
Salt Lake City, UT 84114-6500
(801) 538-7184 Information (801) 538-7189 FAX

APPLICATION FOR A BEEKEEPER LICENSE (YOUTH NON-PROFIT) 1202

In compliance with provisions of the Utah Bee Inspection Act passed by the 1979 Legislature and Administrative Code of 2015, I hereby apply for a Beekeeper's Registration for the year of _____.

No fee is required for this license type

Name of organization _____

Organization's advisor _____

Mailing address _____

City, State, Zip _____

Phone _____ Email _____

**Contact information is necessary to alert the beekeeper regarding disease and pest issues and to arrange for honey bee health inspections. Beekeepers may also request an inspection if they have a disease or pest concern.*

Number of bee colonies _____

Address, city and zip of beeyards (if bees are only at the mailing address you may leave this blank):

1) _____

2) _____

3) _____

4) _____

5) _____

**If bees are at more than five different locations, please list on back*

Signature of Applicant

Date

OFFICE USE ONLY

Approved By

Date