APPLICATION FOR A BEEKEEPER LICENSE (1201)

1 to 20 Hives—Fee $10.00
21 to 100 Hives—Fee $25.00
101+ Hives—Fee $50.00

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 ________.

Name of beekeeper ____________________________________________
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

Please make check or money order payable to Utah Department of Agriculture and Food

____________________________________________________________________

OFFICE USE ONLY

______________________________    __________________________
Approved By    Date