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