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

_________________________________   __________________________

Approved By       Date

OFFICE USE ONLY