



Date Application Received at City: _____

City of Brooklyn Park

Community Development Department / Code Enforcement & Public Health Division
5200 85th Avenue North / Brooklyn Park, MN 55443 / Phone: 763 493 8070 / Fax 763 493 8391

Application for Apiary Registration Renewal

www.brooklynpark.org

GOVERNMENT DATA PRACTICES ACT - TENNESSON WARNING:

The data you supply on this form will be used to process the registration you are applying for. You are not legally required to provide this data, but we will not be able to process the registration without it. The data will constitute a public record if and when the registration is granted.

The following information is required.

- Registration Period: April 1st – March 31st

The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County, Minnesota, for registration renewal subject to the laws of the State of Minnesota and of the City of Brooklyn Park.

Apiary Address: _____

Property Owner: _____

Owner Mailing Address: _____

Owner Email Address: _____ Owner Phone Number _____

Beekeeper's Information

Beekeeper's Name (If different from above): _____

Contact Phone #: _____

Emergency Contact: _____ Emergency Phone #: _____

Have there been any changes to the apiary setup in the previous year: Yes No

If yes, please describe and complete the attached Property and Apiary Diagram: _____

Please check each box and then sign and date indicating that you have read and agree with the following:

I have received, read and understand city code Chapter 92 (the Beekeeping ordinance) and will comply with all requirements of this ordinance.

I understand my apiary will be subject to an inspection upon initial registration, annually for renewal, with any update to my registration and if a complaint is received. (Chapter 92.57)

I understand that my apiary location is public-information and that a map showing all apiary locations is available to the public.

Applicant's Signature: _____ **Date:** _____

CITY USE ONLY - Approvals:

Complaints Received: Yes No Renewal Inspection needed: Yes No

Site Inspection Date: _____ Passed Failed

APPROVED: YES NO

Approved by: _____ Date Approved _____

Maximum Number of Colonies/Hives Allowed: _____



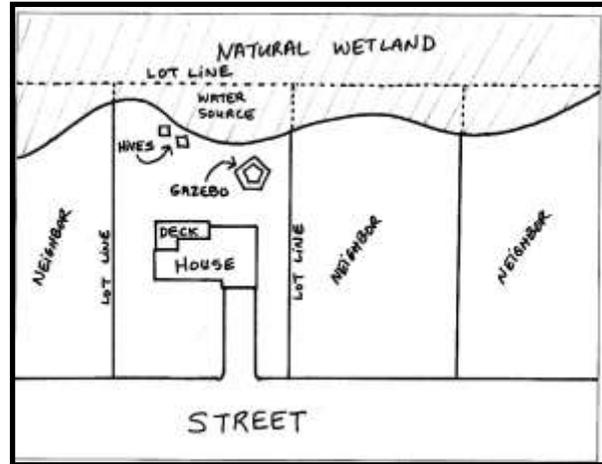
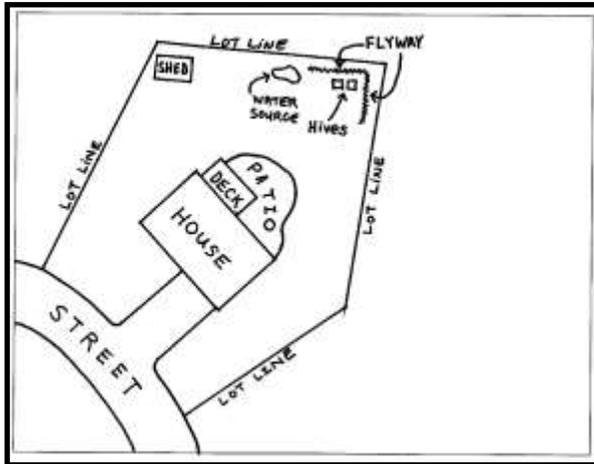
Brooklyn Park Application for Apiary Registration

Property & Apiary Diagram

Please supply a scaled sketch of your property and apiary. The sketch must include the location of your house, accessory structures, your lot lines, all honeybee colonies, the required water source and the location of any required flyway barriers along. Please state how many feet each item is setback from the property's lot lines.



Examples



For Office Use Only

Zoning District: _____ Hives permitted: _____

Lot Size: _____ Acreage: _____

Flyway Required Yes No

Inspector Assigned: _____