



Date Application Received at City: _____

Bee Apiary Registration Application

Community Development Department
Environmental Health Division
5200 85th Avenue North / Brooklyn Park, MN 55443
Phone: (763) 493-8070

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. All applications are subject to a 21-day approval period.

- Registration Period: April 1st – March 31st
- Completed Application / Beekeeping Course Certificate
- Registration Fee: \$75 (Initial Registration Only)

The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County, Minnesota, for registration 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 _____

Is the apiary address located within the boundaries of a Homeowner's Association? : Yes No

If yes, is beekeeping allowed by the Homeowner's Association? : Yes No

Are there any bylaws, covenants, conditions or restrictions attached to your property which do not allow beekeeping to occur on the property? : Yes No

Beekeeper's Information

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

Contact Phone #: _____

Emergency Contact: _____ Emergency Phone #: _____

I have completed a beekeeping course from an accredited MN Institution: Yes No

Name of Minnesota Accredited Institution that provided certificate: _____

Please attach copy of certificate to registration form.

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 the City of Brooklyn Park will notify all residents within 200 feet of the property line of my apiary site and if a written objection is received within fourteen days of notification my application may be denied. (Chapter 92.56)

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 and agree that I may not engage in the practice of beekeeping within the City of Brooklyn Park until I have received notification that my apiary registration has been approved.

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:

Date Neighbor Notification Sent: _____ Objections Received: Yes No

Site Inspection Date: _____ Passed Failed

APPROVED: YES NO

Approved by: _____ **Date Approved** _____

Maximum Number of Colonies/Hives Allowed: _____

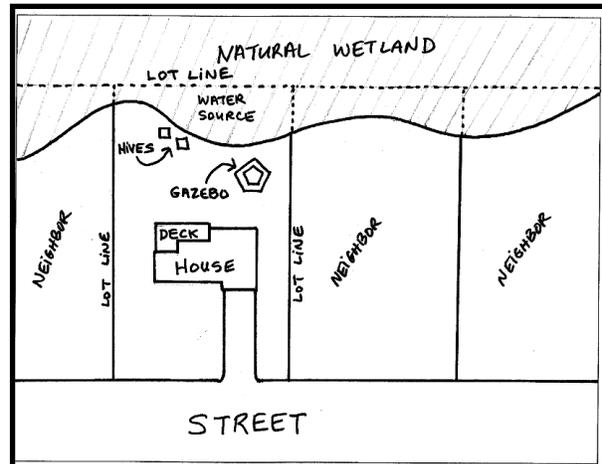
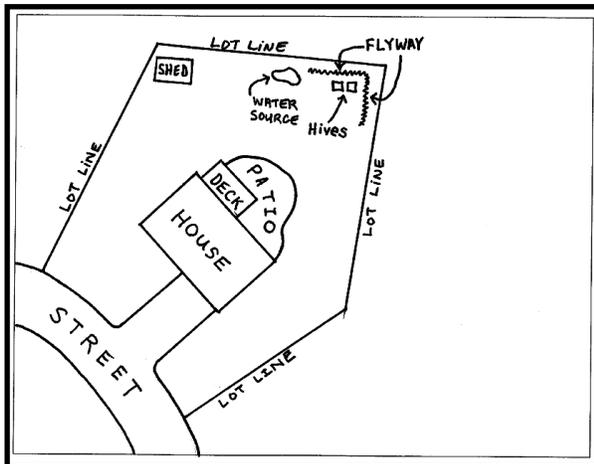
Brooklyn Park Application for Apiary Registration

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: _____