



<p>For office use only:</p> <p>Licensing Year: _____</p> <p>License No.: _____</p>
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APPLICATION FOR PERMIT TO KEEP BEES

Name of Individual or Company _____

Mailing Address _____ Phone _____

Address of Hive Location (if different from mailing) _____

Email Address _____

Number of Hives _____

Description of Hive Location(s) _____

Requirements

1. Hives must be located at or greater than fifty (50) feet from neighboring dwellings and forty (40) feet from any public road or sidewalk, with the exception of school observation hives.
2. Beekeepers are allowed a maximum of four (4) hives.
3. Beekeepers must install and maintain a sign, no less than five (5) inches by three (3) inches, on the premises, indicating the keeping of bees on the property. The sign must be brightly colored and include the beekeeper's name and telephone number.
4. A school may own and maintain observation hives on the school's property, subject to the requirements other than the distance requirement relating to property upon which a school is located.

I agree to comply with all requirements of the Salina Code (Sec. 7-34) and regulations relating to the operation of such hive(s). I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Date _____ Signature _____

For Office Use Only

Amount Paid \$ _____ Date _____ Receipt No. _____ Received by _____

Application Approved/Disapproved

Date _____ Animal Services _____