



2017

Beekeeper Registration Application City of Eden Prairie

Directions: Print legibly in blue or black ink. Answer all questions and indicate not applicable if appropriate. Any falsification of answers may result in denial of the registration. **Please complete both sides of the form.**

Return to the Eden Prairie Police Department - 8080 Mitchell Rd., Eden Prairie, MN 55344.

Section 1: Applicant

1. Name _____
Last First Full middle Maiden name
2. Permanent Residence Address _____
Street

City State County Zip
3. Apiary Address (if different than above) _____
Street

City State Zip
4. Home Phone: _____ Cell Phone: _____ Business Phone: _____
5. Email Address 1: _____ Email Address 2: _____

Section 2: Beekeeping Education / Experience

6. Do you have any formal education (courses) or prior hands-on beekeeping experience? Yes No
If yes, please describe: _____

Section 3: Acknowledgements

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

- Copies of city code 9.73 (the Beekeeping ordinance) and city code 11.65 (the Home Occupation ordinance) are attached to this registration form. I acknowledge that I have read, understand and will comply with all the requirements of both ordinances.
- City code 9.73 requires that the Eden Prairie Police Department shall send notice to all owners of lots within two-hundred (200) feet of any lot line of the apiary site. I acknowledge and understand that the City will send notice to all owners of lots within two-hundred (200) feet of any lot line of the apiary site.
- I understand and agree that I may not engage in the practice of beekeeping within the City of Eden Prairie until I have received notification from the Police Department that my beekeeping registration has been approved.
- I understand that any person may object to a registration at any time within thirty (30) days of approval of an initial or updated registration by addressing to the City Manager a written request for a hearing, and will then have the right to a hearing within 30 days of the written appeal.

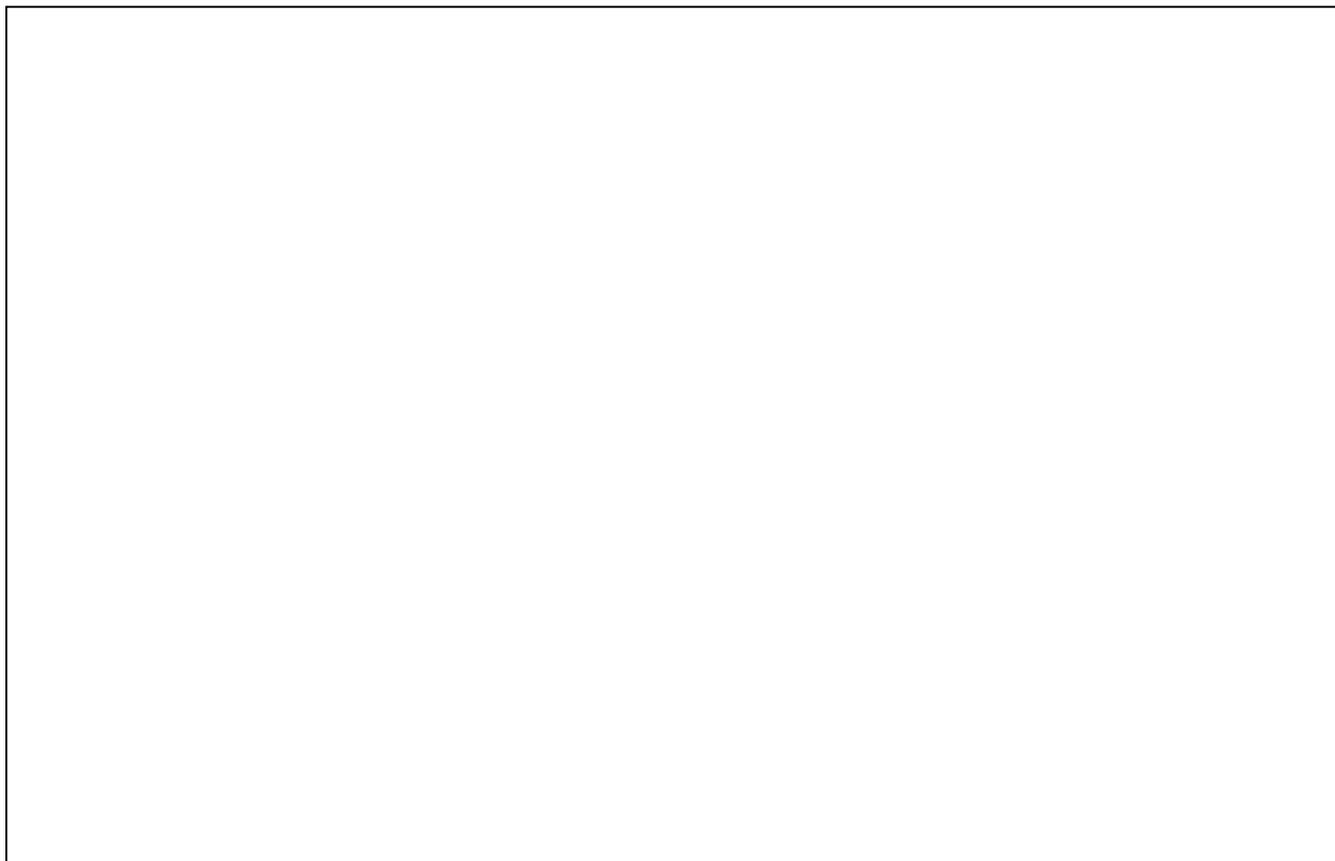
Signature

Date

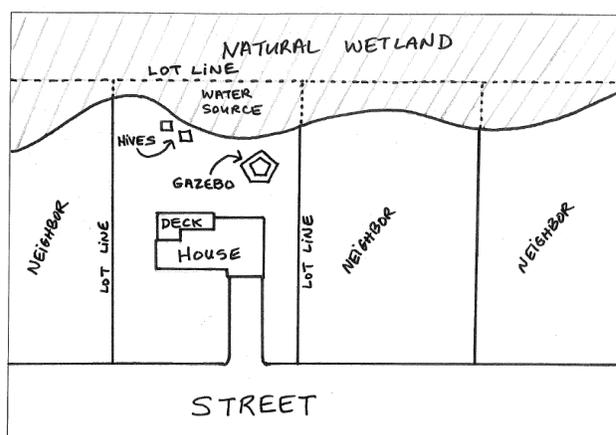
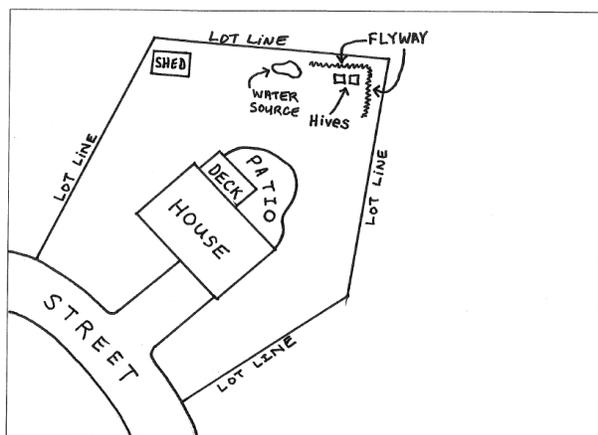
Section 4: Property & Apiary Diagram

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.



EXAMPLES:



FOR OFFICE USE ONLY

ICR:

District: _____ Hives Permitted: _____
 Lot Size: _____ Acreage: _____
 Flyway Req'd: Yes No

Received: _____ Notices Mailed On: _____
 Appeals Filed: Yes No Date: _____
 Registration Approved: Yes No Date: _____