

Beekeeper Registration Application (Renewal) 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 and return to the Eden Prairie Police Department 8080 Mitchell Rd., Eden Prairie, MN 55344.

Name	First	Full middle	Maiden name	
Permanent Residence A	ddress			
		Street		
	City St	ate	County	Zip
Apiary Address (if differen	nt than above)			
		Street		
	City	Sta	nte	Zip
Home Phone:	Cell Phone:		Business Phone:	
Email Address 1:	Section 2: A	Email Address		
,		Acknowledgemen g so, you agree to th	its he following:	
 I acknowledge Prairie. I acknowledge 11.65 (the Hon requirements of 	Section 2: A Please sign below. By doing	Acknowledgements so, you agree to the granted a beekeeping yed copies of city coold that I have read, the content of the cooley	te following: The gregistration by the de 9.73 (the Beekeepin and will continue to the second and	City of Eden ng ordinance) comply with al

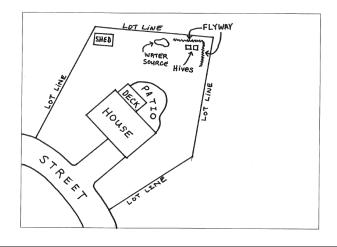
Section 3: Property & Apiary Diagram

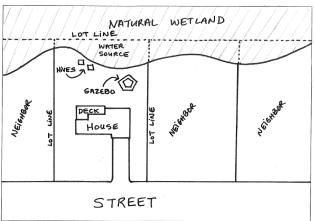
Please supply an updated scaled sketch of your property and apiary.

The sketch must include the location of your house, accessory structures, your lot lines, ll honeybee colonies, the required water source and the location of any required flyway barriers.

If there are no changes from last year's diagram, you may simply state "No Changes" in the diagram area	

EXAMPLES:





FOR OFFICE USE ONLY		ICR:	
District:	Hives Permitted:	Received:	
Lot Size:	Acreage:	Registration Approved: 🗌 Yes 🗎 No Date:	
Flyway Req'd: ☐ Yes ☐ No		Note:	