

Honey Bee Registration Form



New Application

Renewal

Change

Beekeeper Information

First Name:	Initial:	Surname:	Company Name:	
Telephone Number(s):		Email:		
Address:		City/Town:	Province:	Postal Code:
<input type="checkbox"/> I have _____ colonies at _____ locations.* <input type="checkbox"/> I no longer keep bees, but still have beekeeping equipment. If any bees or equipment have been sold or given away, please provide name and addresses of recipient(s): 				
*Please indicate the business activities of your operation (select all that apply): <input type="checkbox"/> Honey production for sale <input type="checkbox"/> Agritourism <input type="checkbox"/> Other <input type="checkbox"/> Producing honey bees for sale <input type="checkbox"/> Honey bee research <input type="checkbox"/> None of the above <input type="checkbox"/> Pollination services <input type="checkbox"/> Value-added products				

Honeybee Registration Form

Information on Bee Yards

(List all locations. Attach additional pages if necessary.)

Bee Yard #1		Bee Yard Nickname:	
Number of Colonies:	Landowner(s) Name(s):	Landowner(s) Telephone Number(s):	
Landowner(s) Address:	City/Town:	Postal Code:	
Bee Yard Address:	GPS Longitude:	GPS Latitude:	
Directions to the Bee Yard:			
Location of Colonies in the Bee Yard:			

Bee Yard #2		Bee Yard Nickname:	
Number of Colonies:	Landowner(s) Name(s):	Landowner(s) Telephone Number(s):	
Landowner(s) Address:	City/Town:	Postal Code:	
Bee Yard Address:	GPS Longitude:	GPS Latitude:	
Directions to the Bee Yard:			
Location of Colonies in the Bee Yard:			

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Information on Bee Yards

(List all locations. Attach additional pages if necessary.)

Bee Yard #3		Bee Yard Nickname:	
Number of Colonies:	Landowner(s) Name(s):	Landowner(s) Telephone Number(s):	
Landowner(s) Address:	City/Town:	Postal Code:	
Bee Yard Address:	GPS Longitude:	GPS Latitude:	
Directions to the Bee Yard:			
Location of Colonies in the Bee Yard:			

All bees in the bee yards identified by the individual or company listed on this form must be owned or leased by and in the legal possession of said beekeeper.

Dated at _____, Newfoundland and Labrador, on the ____ day of _____, 20____.
(City/Town)

Signature of Applicant

Return by mail, email or fax to:
Provincial Apiarist
Forestry and Agrifoods Agency
Fortis Bldg. P.O. Box 2006
Corner Brook, NL A2H 6J8
Email: ProvincialApiarist@gov.nl.ca
Telephone: 709.637.2662
Fax: 709.637.2365