

HONEYBEE REGISTRATION FORM

New Application <input type="checkbox"/>	Beekeeper ID:
Renewal <input type="checkbox"/>	Beekeeper ID:
Change <input type="checkbox"/>	Beekeeper ID:

BEEKEEPER INFORMATION

First name:	Initial:	Surname:	Company Name:
Telephone Number(s):		Fax:	Email:
Address:	City/Town:	Province:	Postal Code:
<input type="checkbox"/> I have _____ hives at _____ locations*			
*Please indicate the business activities of your operation (select all that apply):			
___ Honey production for sale		___ Agritourism	___ None of the above
___ Producing honey bees for sale		___ Honey bee research	
___ Pollination services		___ Value-added products	
<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):			

INFORMATION ON BEEYARDS (List all locations. Attach additional pages if necessary.)

Beeyard #1	Beeyard Nickname:	
Number of Hives:	Landowner(s) Name(s):	Landowner(s) Telephone Number(s):
Landowner(s) Address:	City/Town:	Postal Code:
Beeyard Address:	GPS longitude:	GPS latitude:
Directions to the beeyard:		
Location of hives in the beeyard:		

INFORMATION ON BEEYARDS (List all locations. Attach additional pages if necessary.)

Beeyard #2 N/A		Beeyard Nickname:
Number of Hives:	Landowner(s) Name(s):	Landowner(s) Telephone Number(s):
Landowner(s) Address:	City/Town:	Postal Code:
Beeyard Address:	GPS longitude:	GPS latitude:
Directions to the beeyard:		
Location of hives in the beeyard:		

INFORMATION ON BEEYARDS (List all locations. Attach additional pages if necessary.)

Beeyard #3		Beeyard Nickname:
Number of Hives:	Landowner(s) Name(s):	Landowner(s) Telephone Number(s):
Landowner(s) Address:	City/Town:	Postal Code:
Beeyard Address:	GPS longitude:	GPS latitude:
Directions to the beeyard:		
Location of hives in the beeyard:		

The applicant for this registration is the legal owner or lessor of the honey bees kept in the beeyards identified above.

Dated at _____, Newfoundland and Labrador, on the ____ day of _____, 2017.
(city/town)

Signature of Applicant

Return by mail, email or fax to:

Karen Kennedy
 Provincial Apiarist
 Department of Fisheries and Land Resources
 Fortis Bldg. P.O. Box 2006
 Corner Brook, NL A2H 6J8
 Email: KarenKennedy@gov.nl.ca Fax: 709-637-2365