

HONEY BEE REGISTRATION FORM

☐ New Application								
□ Address Change								
Saskatchewan Premises Identification (PID) Number:								
Beekeeper Operation Inform	ation							
*Full Legal Name:	Company Name:							
*Phone:	*Email:							
*Address:								
*Mailing Address (if different	from above):							
*Indicates required field								
Status of Beekeeping Operat	ion							
☐ I am no longer in possession	still have used beekeeping equipment on of bees or beekeeping equipment have been sold or given away, please provide name and							
*Please indicate the business Honey production for sale Pollination services within S Urban beekeeping Producing honey bees for Honey bee research None of the above								
must be owned or leased by	tified by the individual, corporation or firm listed on this form and in the legal possession of said beekeeper. Saskatchewan, on the day of, 20							
Signature of Applicant								

Beeyard Location Information:

*Beeyard Address:	*Town/City:				
*Province:	*Postal Code:				
*Emergency/911#:					
*Location of hives in beeyard: Please provide site plan below					
*Indicates required field					

All interested beekeepers in the City must submit information outlining the name, address and contact information for the site owner, confirmation of Provincial Registration, confirmation of location of hives in relation to the property, and the number of hives located on the property. Beekeeper means a person who owns or is in possession of bees or beekeeping equipment but does not include a person who is in possession of new beekeeping equipment for the purpose of transportation, distribution or sale or who is a manufacturer of beekeeping equipment. Registration is free.

SITE PLAN			

Return this form by mail or email to:

Bylaw Department 3rd Floor, 228 Main street North Moose Jaw SK S6H 3J8

Email: <u>bylaw@moosejaw.ca</u>