



Beekeeping Application \$50

Per City Ordinance #570, a permit is required to keep bees. Permit is good for one year from date of issuance.

Section 1: Applicant Information

Name of Applicant: _____

Address: _____
Street City State Zip

Phone: (____) _____ Alternate Phone: (____) _____

Year: _____

Email: _____

Section 2: Property Information

Zoning District: _____ Lot size (acres): _____

Number of colonies/hives: _____

Colonies/Hives Permitted

Less than .50 acres: 1 colonies	.50 to 1.0 acres: 2 colonies	1.01 to 2.5 acres: 4 colonies	2.51 to 4.99 acres: 8 colonies
5.00 to 9.99 acres: 16 colonies	Greater than 10 acres: 32 colonies		

Name of Land Owner (if different from applicant): _____

Address: _____
Street City State Zip

Phone: (____) _____

Address of Property (if different): _____

The following documents **MUST** be submitted along with the application:

- Written documentation that you have notified all of your immediate neighbors that you plan to keep bees on your property
- Drawing of hive location showing hive setbacks from lot line (20 feet), lot line with a flyway barrier (15 feet), adjacent dwelling (25 feet), and any trails, sidewalk, patio (25 feet)
- Written plan for how you intend to minimize or prevent swarming

I have familiarized myself with the attached *La Crescent City Ordinance Number* _____ pertaining to beekeeping and subsequent ordinance amendments pertaining thereto, and will abide by the provisions contained therein.

I hereby consent to inspection of the premises as provided by La Crescent City Ordinance _____, and understand that all facts set forth in this application are true and correct to the best of my knowledge. Failure to meet the standards described in La Crescent City Ordinance _____ may result in the revocation of this permit.

Applicant's signature

Date

Complete and submit form with required attachments to: City of La Crescent
Attn: Beekeeping Permits
315 Main Street
La Crescent, MN 5547

*For office use
only*

Date Received: _____ \$50 Fee Paid: _____ Permit Number: _____

I hereby certify that I have reviewed the submitted application and find it to be in compliance with the ordinance.

Approved by: _____ Date: _____

Comments: _____

