



Bureau of Health
Environmental Health Services
435 Hamilton St., 410 City Hall
Allentown, PA 18101
Office: (610) 437-7759
FAX: (610) 439-5946

Beekeeping Registration Certificate Application

1. Name _____
2. Address _____

3. Daytime Phone Number _____
4. Address where bees are kept: _____

5. Square footage of lot in (4) above: _____
6. Number of colonies _____
7. Are domestic bees (*Apis mellifera*) kept in these colonies? _____
8. Are hives located within twenty-five (25) feet of any property line, public street, sidewalk or alley? _____ If yes, are hives behind a solid fence or hedge at least six (6) feet in height, parallel to the property, and extending at least fifteen (15) feet beyond the hive in both directions? _____
9. Is a water source provided on the lot at all times? _____
10. Are all apiaries operated in accordance with established beekeeping guidelines? _____
11. Are hives shaded from adjacent night lighting on adjoining properties? _____

PA State Apiary License ID # _____ Expiration Date _____

I hereby certify that the information provided above is true and correct.

Signature

Date

ENV PROT\LICENSING\BEEKEEPER\BEEKEEPER AP