



## COUNTY OF PLACER

### AGRICULTURAL COMMISSIONER SEALER OF WEIGHTS & MEASURES

JOSHUA P. HUNTSINGER  
Agricultural Commissioner/Sealer

11477 E AVENUE, AUBURN, CALIFORNIA 95603  
TELEPHONE: (530) 889-7372  
FAX: (530) 823-1698  
www.placer.ca.gov

## 2019 APIARY REGISTRATION

California Food and Agricultural Code Section 29040 requires apiaries to be registered with the Agricultural Commissioner January 1 each year. A completed registration form, including current apiary location(s) and fees as applicable, are required before your bees may be registered. Please complete the registration form and submit it with your **\$10** fee to the address listed above. Checks may be made payable to the Placer County Department of Agriculture.

NAME:	PHONE:	CELL:
DBA:	FAX:	
EMAIL:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

**HOBBYIST:** 9 or fewer colonies, not in the business of beekeeping, **must register but fee waived.**

**WATER SUPPLY:** Is a fresh, adequate water source available or provided for your hives at all locations, at all times?

YES  NO

**REGULAR HIVE CHECK:** Are you regularly opening your hives to check for the presence of the known queen, health of your hives, and/or prevention of apiary pests/diseases?

YES  NO

**IDENTIFICATION INFORMATION ON HIVES:** Do you have contact information (name, address, phone number) on your hives if located on a site not resided on by you?

YES  NO

**FLYOVER BARRIER:** If your hives are located on a residential-agriculture (RA) zoned parcel and placed within 25' of the property line do you have a flyway barrier at least 6' in height consisting of a solid fence or dense vegetation? The barrier must extend 10' beyond each bee hive.

YES  NO

**NEIGHBOR'S USE OF PROPERTY:** I will ensure that bees from my apiary are NOT entering adjacent properties in an amount to create a nuisance to my neighbors and their pets in outdoor activities and the normal use and maintenance of their property.

**REGISTRANT'S INITIALS:** \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Beekeeper

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Agricultural Commissioner/Representative

**Indicate apiary locations on back of form**

