

MINNEAPOLIS ANIMAL CARE AND CONTROL

Neighbor Notification of Beehive Ownership Form

Applicant Name: _____

Mailing Address: _____

Beehive Address (if different): _____

Driver's License #: _____

Date of Birth: _____

Number of Beehives: _____

I, _____, certify that:

1. I Own/Rent property at (insert address) _____, located in the City of Minneapolis.
2. On (insert dates) _____, I notified all adjacent property owners/residents of my intent to keep beehives on my property via:
 - Phone call
 - Email
 - Written letter
 - Personal conversation
 - Other _____
3. The adjacent property owners/residents were provided educational information when requested.
4. The bee hive/s is/are in good working order and in compliance with the requirements set forth in Section 63.100 of the Minneapolis Code of Ordinances (Attachment 5 in this packet).

Failure to fully comply with the Minneapolis Code of Ordinances or the requirements and conditions set forth by Minneapolis Care and Control, including the submission of this form, can result in the revocation of your permit by Minneapolis Animal Care and Control at any time.

Date

Print Name:

Signature