

Community Development & Fire Department

100 Carrington Dr., West Dundee, IL 60118 847-551-3805 FAX 847-551-3814

HONEY BEEKEEPING LICENSE APPLICATION

A LICENSE SHALL BE APPLIED FOR AND APPROVED PRIOR TO ACQUISTION OF HONEYBEES.

The undersigned hereby make application for a Honey Beekeeping License under the ordinances of the Village of West Dundee. The validity of all honey beekeeping licenses shall be contingent upon the adherence to the licensing policy guidelines associated with the keeping of bees.

| APPLICANT INFORMATION | Today's Date: | |
|---|----------------------------------|----|
| Name | Home Phone | |
| Address | Cell Phone | |
| Email Address | | |
| FEE INFORMATION | Number of Hives/Colonies: | |
| For honeybees, the annual license fee shall be \$10.0 | 0 for up to four hives/colonies. | \$ |
| NOTE: Up to four (4) hives/colonies of honeybees are permitte 10,000 sq. ft. hives shall be limited to two (2) primary | | |
| Attach copy of plat of survey clearly indicating the f | ollowing: | |
| The location of all hives Setbacks from property lines For hives within 20' of the property line, in required flyaway barrier. Location of onsite fresh water Location of signs announcing "bees on pretthe rear yard. Signs not required for rooft | mise" at all walkway or gate are | |
| GENERAL GUIDELINES Provide a courtesy notification to property own prior to applying for a beekeeping license. A beekeeper should be prepared to provide informeighbors and alleviate fears. | - | |
| APPLICANT SIGNATURE | PRINT NAME | |
| | | |
| DATE PD | Approved | |
| CHECK# CACH | Dame | |