



APPLICATION FOR BEE PERMITS

Name _____ Phone # _____
(Individual Responsible for the Keeping of Bees)

Current Address _____

Location of Bees _____

Number of Hives or Boxes _____

To the best of my knowledge, the bees will be kept in a manner that will not cause a health hazard or a nuisance to the surrounding neighborhood.

I, _____ hereby agree to maintain the premises in compliance with The Omaha Municipal Code.

Signature/Date

Note: This application must be accompanied by check or money order in the amount of ten dollars (\$10.00) and returned to the Omaha Douglas County Health Department, Midtown Campus, 1111 S. 41st St., Ste 130, Omaha, NE 68105.

This permit is not transferable to another person or location.

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Please do not write below this line

Fee Received \$ _____ Check _____ Money Order _____

Date Received _____ By _____

Permit Issued _____ Date _____