

## Florida Department of Agriculture and Consumer Services Division of Plant Industry

## APPLICATION FOR BEEKEEPING REGISTRATION

Sections 586.045 and 586.10(3)(f), F.S./ Rule 5B-54.010(1)(3), F.A.C.

P. O. Box 147100, Gainesville, FL 32614-7100 / Phone: (352) 395-4700 / Fax: (352) 395-4624

Remit online payment at <u>www.FreshFromFlorida.com</u> -or-

Check or Money order payable to FDACS and remit to:

FDACS P.O. Box 6720 Tallahassee, FL 32314-6720

☐ (New)	(Continuing)		(Reactivation)
(Company Name or Partnership	. 1		
(Company Name of Farmership	)		
(Owner(s) Name)			
(Mailing Address)			
(City)	(State)	(Zip Code)	(County)
(Physical Address if different fro	m above)		
(City)	(State)	(Zip Code)	(County)
(Phone Numbers) or	or		Email)
Number of Colonies			
This signed application shall be submitted to the Division of Plant Industry before a Certificate of Beekeeping Registration and Registration Number is issued. Return this application with payment to the address listed above.			
The honeybees shall have been inspected by an authorized representative of the Department within a 12-month period preceding the date of application and meet the requirements of Chapter 586, Florida Statutes, and 5B-54, Florida Administrative Code. If hives are purchased from a Florida Registered Beekeeper and meet these requirements above regarding inspection please complete the section below.			
All beekeepers in the State of Florida shall be registered with the Department of Agriculture and Consumer Services and will be issued a permanent registration number at the time of registration.			
"Governmental agencies mainta registration fees.	ining honeybee	colonies for experime	ental or educational purposes" shall be exempt from
Hives purchased from:	Firm Nu	mber:	Inspected on:
AUTHORIZED SIGNATURE		PRINT	TED NAME & TITLE
Date of Application			
Distribution: Original – Gainesv	ille		