BEEKEEPING INSPECTION FORM FOR LICENSURE/RENEWAL

Address of the Apiary ______________________________________________

Ward of the Apiary ________________________________________________

Number of Apiaries in this Ward (to be determined by staff)___________

Name of the Beekeeper______________________________________________

IL Dept of Agriculture Registration Number ____________________________

Date of the Inspection_______________________________________________

REQUIREMENTS FOR INITIAL LICENSE ISSUANCE OR RENEWAL

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Fence with a locked gate

Sign saying “beware bees” or similar

Convenient source of water, maintained, not stagnant

Premises and hive structure properly maintained

Proof of registration of the colonies with the IL Dept of Agriculture: registration number or documentation

$25 annual fee paid

APPLICATION APPROVED

_________________________________  ____________________________
Health Inspector Signature    Beekeeper Signature