

Ministry of Agriculture, Food and Rural Affairs

HONEY BEE REGISTRATION FORM

Any person who owns or is in possession of honey bees or beekeeping equipment in Ontario must register to obtain a certificate of registration issued by the Provincial Apiarist. This requirement does not apply to people who own or possess beekeeping equipment but do not own or possess bees, in which case this document should be used to notify the Ministry of that fact. Registration is free.

Information requested on this form is collected under the authority of the *Bees Act*, R.S.O. 1990, Chapter B.6 and Regulation 57, R.R.O. 1990. The Ontario Ministry of Agriculture, Food and Rural Affairs reserves the right to modify any of the information maintained by the Provincial Apiarist in the register of all beekeepers. Questions about this form should be directed to the Agricultural Information Contact Centre at 1-877-424-1300. **Mandatory fields on this form are marked with an asterisk (*).**

BEEKEEPER INFORMATION			Beekeeper ID#:				
*Legal Name:			Business Name (if app	icable):			
*Telephone No.:	Fax No.:	Email:			CRA Business No.: (if applicable)		
*Address:		*City/Town:		*Province:	*Postal Code:		
Mailing Address (if different from above): Mailing Address:		City/Town:		Province:	Postal Code:		
*Indicate your language preference:							
*Indicate your preferred method of com	munication:						
,	at least one honey be ized honey bee color yard locations do you session of honey bees	ee colony. If selected, nies do you own or are currently operate with s, but I still have used	please answer the follow in your possession?: In honey bee colonies an beekeeping equipment.	• () (
*Indicate the business activities of your	operation (select all	that apply):					
Honey production for sale		Producing or breeding honey bees for		ale	I do not conduct any business activities with my bees		
Pollination services contracted within Ontario		Honey bee rese	Honey bee research		with my bees		
Pollination services contracte	d outside of Ontario	I conduct other which are not lis	ousiness activities with r	ny bees			
					s identified by the individual, corporation, or king this box and entering my name below		
*Signature or Name of Applicant:				*Date (yyyy/m	nm/dd):		

Honey Bee Registration Form

PERMISSIONS

Bee Yard #:

Information Sharing with the Ontario Beekeepers' Association:

You have the opportunity to consent to sharing your name, address, telephone number, and email address with the Ontario Beekeepers' Association for the purpose of being subscribed to the Ontario Beekeepers' Association electronic newsletter and to provide general contact information to the Association. If you would like to permit this sharing of information, please indicate your consent here.

Yes No

Information Sharing with the Provincial Premises Registry:

If you indicated that you are carrying out a business activity involving honey production for sale, pollination services within or outside of Ontario, producing honey bees for sale, honey bee research in a professional capacity (e.g. for an educational institution), or you are carrying out other business activities with your bees, you have the opportunity to consent to having the information provided in this form shared with the Provincial Premises Registry for the purposes of obtaining a Premises Identification Number. If you would like to permit this sharing of information, please indicate your consent here acknowledging and agreeing to the terms and conditions of the Provincial Premises Registry consent statement. The consent statement can be found online at https://www.ontariopid.com/en-CA/StartRegistration/.

Yes No

INFORMATION ON BEE YARDS

If you need assistance identifying the location of your bee yard(s), please use AgMaps (http://www.ontario.ca/agmaps). AgMaps is an interactive online mapping tool that provides location information, such as GPS coordinates, lot and concession, roll number and more.

*Which of the following statements

Yard currently has bees or will have bees.

			best describes the (select one)	nis bee yard?	Yard has equipment, but no bees. Yard does <u>not</u> have bees or equipment.
*Number of Full-Sized Colonies:	Premises ID:			Assessment Ro	ll Number:
*Bee Yard Address:	*Town/City:			*Province:	Postal Code:
Emergency/Fire No. (e.g. 1215):	Concession:	Lot:	Part Lot:	GPS Coordinate	es (Use decimal degrees format, e.g. 45.000000): Longitude:
Location of colonies in this bee yard:					
Landowner Information: *First Name:	*Surname:		Telepho	ne No.:	Email:

Return the completed honey bee registration form by mail, email or fax to:

Bee Yard Name:

Mail:Provincial ApiaristEmail:apiary@ontario.caFax:(519) 826-4375Animal Health & Welfare Branch

Ontario Ministry of Agriculture, Food and Rural Affairs 1 Stone Road West, 5th Floor, NW

Guelph, Ontario N1G 4Y2

Honey Bee Registration Form

			Honey	Dee Regis	tration i or	111			
Bee Yard #:	Bee Yard N	Name:	me:			owing statements s bee yard?	Yard currently has bees or will have bees Yard has equipment, but no bees. Yard does <u>not</u> have bees or equipment.		
*Number of Full-Sized	Colonies:	Premises ID:		Assessment Roll		Number:			
*Bee Yard Address:		*Town/City:	·		*Province:	Postal Code:			
Emergency/Fire No. (e.g. 1215):	Concession:	Lot:	Part Lot: GPS Coordinate Latitude:			es (Use decimal degrees format, e.g. 45.000000): Longitude:		
Location of colonies in	n this bee yard:								
Landowner Informat *First Name:	ion:	*Surname:			Telephone	e No.:	Email:		
Bee Yard #:	Bee Yard N	lame:			scribes thi	owing statements s bee yard?	Yard currently has bees or will have bees Yard has equipment, but no bees. Yard does <u>not</u> have bees or equipment.		
*Number of Full-Sized	Colonies:	Premises ID:		÷		Assessment Roll N	Number:		
*Bee Yard Address:		*Town/City:	*Town/City:			*Province:	*Province: Postal Code:		
Emergency/Fire No. (e.g. 1215):	Concession:	Par	t Lot:	GPS Coordinates Latitude:	GPS Coordinates (Use decimal degrees format, e.g. 45.0000 Latitude: Longitude:			
Location of colonies in	n this bee yard:			-					
Landowner Informat *First Name:	ion:	*Surname:			Telephone	e No.:	Email:		
Bee Yard #:	Bee Yard N	Name:			scribes thi	owing statements s bee yard?	Yard currently has bees or will have bees Yard has equipment, but no bees. Yard does <u>not</u> have bees or equipment.		
*Number of Full-Sized	Colonies:	Premises ID:	Premises ID:			Assessment Roll Number:			
*Bee Yard Address:		*Town/City:	*Town/City:			*Province:	*Province: Postal Code:		
Emergency/Fire No. (6	e.g. 1215):	Concession:	Par	Lot: GPS Coordinates (Use Latitude:		(Use decimal degrees format, e.g. 45.000000 Longitude:			
Location of colonies in	this bee yard:			-					
Landowner Informat *First Name:	ion:	*Surname:			Telephon	e No.:	Email:		