



**CITY OF
LANCASTER**
A City Authentic



120 North Duke Street., P.O. Box 1599, Lancaster, PA 17608-1599
Health Department: Kim Wissler, Sr. Health Officer, 717-291-4714

HONEYBEE LICENSE APPLICATION

APPLICANT: Complete all sections. Please print legibly.

Application Date: _____

Name of Beekeeper: _____

Address of Beekeeper: _____

Telephone of Beekeeper: _____ Cell: _____

Email: _____

Property Owner Name: _____

Property Owner Address: _____

Telephone of Property Owner: _____ Email: _____

Check the box for the applicable zoning district:

- Residential Zoning Districts: Property has a residential use.
- Commercial Zoning Districts (except C4): Property is used exclusively for residential purposes.

The undersigned agrees to inform the City of Lancaster, Health Department within ten days of any substantial changes in the information supplied in this application.

I have read, understand and agree:

1. To comply with the ordinances applicable to the keeping of Honeybees.
2. The Designated City Official shall have the right to make inspections, during reasonable hours, to determine compliance.
3. I have a knowledge of the City Ordinances currently regulating the permit applied for herein and being duty sworn under oath, depose and say that I am the person named above and that all statements made in this foregoing application are true and correct.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

Application Date: _____

Issued Date: _____

Approved By: _____

Date Signed: _____