



2018 CAMBRIDGE BEEKEEPING PERMIT RENEWAL APPLICATION

Application Date: ____/____/____

Applicant/Beekeeper Full Legal Name: _____
(First) (Middle) (Last)

Street Address and Phone:

(Address Line 1)

(Address Line 2)

(City) (State) (Zip) (_____) ____ - ____
(Phone - Check One: Home Cell)

Emergency Contact # (if different from home/cell): (_____) ____ - ____

Applicant/Beekeeper Email Address: _____

Location of the property where bees are kept (if different from address above):

(Address Line 1)

(Address Line 2)

(City) (State) (Zip)

Were there any changes to the applicant/beekeeper in the last year? Yes No
If yes, please fill out the information listed under Appendix A on Page 3.

Were there any changes made in the last year to the property owners where the bees are permitted? Yes No
If yes, please have the property owners fill out Appendix B on Page 4.

Were there any changes made to the beehive(s)' construction, including the placement of the beehive? Yes No
If yes, please fill out Appendix C on Page 5, which would include a narrative description and a detailed site sketch.



Cambridge
Public Health
Department

I AGREE TO NOTIFY THE CAMBRIDGE PUBLIC HEALTH DEPARTMENT OF ANY CHANGE OF NAME, ADDRESS, OR OWNERSHIP. I HAVE RECEIVED, READ AND AGREE TO ABIDE BY THE CAMBRIDGE PUBLIC HEALTH DEPARTMENT REGULATION FOR THE KEEPING OF HONEY BEES. **I GUARANTEE NOT TO ABANDON ANY PERMITTED BEEHIVE. IF NECESSARY, I WILL ARRANGE FOR TRANSFER OF OWNERSHIP OF PERMITTED BEEHIVE(S) TO ANOTHER BEEKEEPER OR SANCTUARY IF I MOVE OR CAN NO LONGER KEEP MY BEES FOR ANY REASON.**

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL INFORMATION CONTAINED IN THE APPLICATION IS TRUE AND CORRECT. ANY MISSTATEMENTS IN THIS APPLICATION ARE GROUNDS FOR REFUSING TO ISSUE OR FOR REVOCATION OF ANY LICENSE OR PERMIT ISSUED.

Signature of Applicant/Beekeeper

Date

Signature of Beekeeper if different from Applicant

Date

Send completed application and check or money order made payable to the Cambridge Public Health Commission for \$25.00 to:

**Kari Sasportas, MSW, MPH, REHS/RS
Manager, Community Resilience and Preparedness
Cambridge Public Health Department
119 Windsor Street, Ground Level
Cambridge, MA 02139**

Please contact Kari Sasportas at ksasportas@challiance.org or (617) 665-3848 if you have questions.

After the Cambridge Public Health Department (CPHD) receives a completed renewal application packet, we will begin the review process and follow-up with you with questions.



Appendix A

Applicant/Beekeeper is a (choose one):

- Home/Condo Owner
- Renter
- Business/Other: Specify Business/Other Name: _____

Applicant/Beekeeper (choose one):

- Will be the individual taking care of the beehive(s)
- Has hired a business/individual to take care of the beehive(s)

Name(s) of the business/individual: _____

Business/Individual's Street Address and Phone:

(Address Line 1)

(Address Line 2)

(City) (State) (Zip) (_____) _____ - _____
(Phone - Check One: Business Cell)

Business/Individual's Email Address: _____



Appendix B

TO BE FILLED OUT BY THE PROPERTY OWNER(S)

This property is owned by (check one of the following)	Print name(s) of Property Owner(s) or legal designees (as indicated) in appropriate box below.	Property owner(s) must provide consent for the applicant to keep beehive(s) on their property. By providing a signature(s) below, property owner(s) consent to allow up to 2 permitted beehives on their property.
<input type="checkbox"/> An individual	Property Owner Name:	Signature:
<input type="checkbox"/> More than one individual, or a partnership	Property Owners' Names:	Signature(s):
<input type="checkbox"/> A corporation or LLC	Officer(s) Authorized by the Corporation Name(s):	Signature(s):
<input type="checkbox"/> A trust	Authorized Trustee Name:	Signature:

If the property is owned by a corporation, partnership, trust, or other combination of individuals, please attach name(s) and contact information for all owners, officers or trustees. Attach additional sheets of paper as needed.

Property Owner's Full Legal Name: _____
(First) (Middle) (Last)

Property Owner's Home Street Address and Phone:

(Address Line 1)

(Address Line 2)

(City) (State) (Zip) (_____) _____ - _____
 (Phone - Check One: Home Cell)

Property Owner's Emergency Contact # (if different from home/cell): (_____) _____ - _____

Property Owner's Email Address: _____



Appendix C

TO BE FILLED OUT BY THE BEEKEEPER **NOTE RELEVANT SECTIONS OF THE REGULATION IN PARENTHESIS**

Please provide a narrative description of the beehive(s)' construction, including measures taken to exclude pests (e.g. mouse guard). Attach additional sheets of paper as needed (see regulation Section 8.e.).

Please provide a detailed site sketch (to scale). The sketch may be hand-drawn or electronic, but must depict the following elements:

- Number of beehives (limit is 2 per regulation Section 5.a.i.)
- Proposed location of each beehive (see regulation Section 5.c.)
- Dimensions (length, width, height) of each beehive in inches (see regulation Section 8.b.i.)
- Clearly marked entrance/exit on beehive(s) (see regulation Section 8.c.)
- The height in inches the beehive(s) are off the ground (must be at least 5 inches off the ground). Note that beehive(s) located on a porch, balcony, or rooftop must be set back at least 6 feet from the parapet, or closer if a protective barrier is present (see regulation Section 5.a.ii.)
- Location and relative dimensions of other structures or landscaping on the lot (e.g., fences, shrubs, porches/decks, balconies, etc.) (see regulation Section 8.c.)
- Location and dimensions of beehive(s) flyway barrier, if applicable (see regulation Sections 5.b. and 8.c.)
- Beehive(s) structure design, including flight area and beehive(s) flyway (see regulation Section 8.c.)
- Location of water source (see regulation Section 5.a.ii.)