

NEW YORK CITY BEEKEEPER NOTIFICATION FORM

NYC Health Code Article 161 requires persons keeping non-aggressive honeybees (*Apis mellifera*) to file a notice with the Department of Health and Mental Hygiene containing the beekeeper's contact information and location of the hive. A copy of the notice form is attached.

Beekeepers are required to adhere to appropriate beekeeping practices including:

- maintaining bee colonies in moveable-frame hives that are kept in sound and usable condition
- providing a constant and adequate water source
- locating hives on a site so that the movement of bees does not become an animal nuisance.

Beekeepers should be able to respond immediately to control bee swarms and to remediate nuisance conditions. A beekeeping nuisance means conditions including, but not limited to:

- aggressive or objectionable bee behaviors
- hive placement or bee movement that interferes with pedestrian traffic or persons residing on or adjacent to the hive premises
- overcrowded, deceased or abandoned hives.

Please be advised that commencing May 2012, all New York City beekeepers are required to register with the Department of Health and Mental Hygiene on a yearly basis, by May 31st. On top of the form please indicate "New" if registering for the first time or "Yearly" for the yearly registration. Furthermore, any changes to the information (already) provided in the form should be reported to the Department within 10 business days of the changes to the address listed below. Indicate "Revision" on top of the form for these changes.

There are no fees to submit form. Please call 311 if you have any questions.

Please return the signed and completed form to:

Public Health Entomology Unit
Office of Vector Surveillance and Control
New York City Department of Health and Mental Hygiene
125 Worth St., Mail Box: 32L
New York, NY 10013
Fax: (646) 6326603
Email: beekeeping@health.nyc.gov

New York City beekeepers must also complete the "Survey of New York State Beekeeper and Apiary Yard Location Data" available at: <http://www.agriculture.ny.gov/PI/PI-134B.pdf>

Beekeepers are encouraged to attend educational and training programs offered by beekeeping associations to learn about best urban beekeeping practices and to stay up to date on beekeeping information. The resources below are not endorsed by the New York City Department of Health and Mental Hygiene but can provide additional information on good beekeeping practices.

- Cornell University Master Beekeeper program at <https://pollinator.cals.cornell.edu/master-beekeeper-program>
- Mid-Atlantic Apiculture Research and Extension Consortium at <http://maarec.psu.edu/factsheets.html>
- New York City Beekeepers Association at <http://www.bees.nyc>
- New York City Beekeeping Meetup Group at <http://meetup.com/nyc-beekeeping-meetup>

BEEKEEPER CONTACT INFORMATION

Last Name First Name

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Street Number Street Name

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Borough State Zip Code

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Mobile Telephone Number 1 Telephone Number 2

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Fax Number

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E Mail Address

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EMERGENCY CONTACT INFORMATION

Last Name First Name

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Mobile Telephone Number 1 Telephone Number 2

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BEEHIVE LOCATION

Number of Colonies

If no (0) colonies, do you plan to get new ones? Yes No

Type of Location: Backyard Rooftop Front yard Side yard Other: _____

Street Number Street Name

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Borough State Zip Code

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Block # Lot #

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Telephone Number Fax Number

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BEEHIVE LOCATION

Number of Colonies

Type of Location: Backyard Rooftop
 Front yard Side yard Other: _____

Street Number										Street Name																													
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BEEHIVE LOCATION

Number of Colonies

Type of Location: Backyard Rooftop
 Front yard Side yard Other: _____

Street Number										Street Name																													
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Borough															State		Zip Code																		
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*** If you have additional hives in different locations, please print additional copies of page 4 and enter the information.**

Notes:

If beehive is located at property not owned by beekeeper, provide the property owner information:

Last Name												First Name											
Street Number												Street Name											
Borough						State						Zip Code											
Telephone Number						Fax Number																	
E Mail Address																							

I certify that the above information is correct to the best of my knowledge:

Signature: _____ **Date:** _____