



120 North Duke Street., P.O. Box 1599, Lancaster, PA 17608-1599  
Health Bureau: Phone: 717-291-4776, Email: Health@cityoflanasterpa.gov

**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 Bureau 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: \_\_\_\_\_