

Fields marked with an asterisk (\*) are mandatory.

Any person who owns or is in possession of honey bees or used beekeeping equipment in Ontario must apply to the Provincial Apiarist for the issue or renewal of a certificate of registration. Any person who owns or is in possession of unused beekeeping equipment, but does not own or possess bees, is not required to register. Beekeepers with 50 or more colonies are required to renew their registration annually. Beekeepers with less than 50 colonies are required to renew their registration once every three years. Registration is free.

During this application you will be required to provide the following information:

- Beekeeper ID Number (provide if renewing)
- CRA 9-digit Business Number (if applicable)
- Bee Yard Information including Address or Location of bee yard, number of colonies in bee yard, Bee Yard Number (provide if renewing), Premises ID Number (if applicable), Assessment Roll Number (if applicable)

					Beekeeper ID Number (prov	ide if renewing)		
1.	Beekeeper I	nformation						
Las	st Name *			First Name *				
Business Name (if applicable)								
CR	A 9-digit Busines	ss Number (if applica	able)					
Telephone Number * Email Address								
Indicate your language preference *				Indicate your preferred method of communication *				
Ph	ysical Addres	s		1				
	t Number	Street Number *	Street Name *	Street Name *				
City	//Town *	1	Province *			Postal Code *		
Ма	iling Address	Chec	k if mailing address sam	e as physica	laddress			
Uni	t Number	Street Number *	Street Name *			PO Box		
City	//Town *	1	1	Province *		Postal Code *		
Wh		-	est describes your beek		· ,			
	<ul> <li>I own or am in possession of at least one honey bee colony. If selected, please answer the following two (2) questions:</li> <li>a) How many full-sized honey bee colonies do you own or are in your possession?</li> </ul>							
	b) How many be	ee yard locations do	you currently operate wi	th honey bee	e colonies and/ or beekeeping e	quipment?		
	I no longer own	or am in possessior	n of honey bees, but I stil	I have used I	peekeeping equipment			
$\square$	l no longer own	or am in possessior	of honey bees or used	beekeeping e	equipment.			

Indicate the business activities of your operation (select all that apply) \*

- Honey production for sale
- Honey bee research
- Pollination services contracted outside of Ontario
- Producing or breeding honey bees for sale
- Pollination services contracted within Ontario
- I conduct other business activities with my bees which are not listed here
- No business activities

### 2. Bee Yard Information

If you need assistance identifying the location of your bee yard(s), please use <u>AgMaps</u> (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.

If a bee yard address cannot be provided then the beekeeper must provide alternate location information which describes the location of the bee yard (for example, GPS coordinates, concession, lot, part lot, or written description of the location of hives). Bee yards without adequate location information cannot be registered.

Bee Yard Number refers to the unique bee yard registration number assigned by the Ministry of Agriculture, Food and Rural Affairs after a yard has been registered.

A Premises ID Number can be obtained by registering your premises through the <u>Provincial Premises Registry</u> (https:// www.ontariopid.com/en-CA/).

If you are registering more than one bee yard, additional forms have been provided on page 4 for you to complete.

#### Yard Information

Bee Yard Number (provide if renewing) Bee Yard Name

Which of the following statements best describes this bee yard? (select one) \*

Yard currently has bees or will have bees.

Yard has used equipment, but no bees.

Yard does **not** have bees or used equipment

Number of Full-Sized Colonies	Premises ID Number (if applicable)	Assessment Roll Number (if applicable)			

## Bee Yard Address

Street Number

Street Name \*

Emergency/Fire Number (	e.g. 1215)	Concession	Lot	Part Lot

GPS Coordinates (Use decimal degrees format, e.g. 45.00000):

Latitude	Longitude	
City/Town *	Province *	Postal Code

Location of colonies in this bee yard

Landowner Information							
Last Name *		First Name *					
Telephone Number	Email Address						

#### 3. Declaration

#### **Notice of Collection of Personal Information**

The personal information of individuals who own or possess bees but are not carrying out a business activity involving honey production for sale, pollination services, producing honey bees for sale, honey bee research in a professional capacity or other business activities with bees, is being collected as it is necessary for the proper administration of section 1.(1) of R.R.O. 1990, Regulation 57: General under the *Bees Act* R.S.O. 1990, c. B.6. This personal information is collected by the Ministry of Agriculture, Food and Rural Affairs for the purpose of administering and enforcing the *Bees Act*, including maintaining a registry of beekeepers in Ontario and contacting beekeepers. Questions about the collection should be directed to the Agricultural Information Contact Centre, 1 Stone Road West, Guelph ON N1G 4Y2 at 1-877-424-1300.

I verify that the information provided on this form is accurate to the best of my knowledge and all bees in the bee yards identified by the individual, corporation, or firm listed on this form are owned or leased by and in the legal possession of said beekeeper. I understand that checking this box and entering my name below acts as my legal electronic signature.

I certify that the information submitted in this application is true and correct to the best of my knowledge. \*

Name (First and Last Name) \*

Date (yyyy/mm/dd) \*

#### Return the completed beekeeper registration form by mail or email:

#### Mail: Provincial Apiarist

Animal Health and Welfare Branch Ministry of Agriculture, Food and Rural Affairs 1 Stone Road West, 5th Floor, North West Guelph ON N1G 4Y2

Email: BeekeeperRegistration@ontario.ca

## Use this page when registering more than one (1) bee yard. Print or complete as many copies of this page as needed.

# Yard Information

Bee Yard Number (provide if renewing) Bee Yard				ne						
Which of the following	ng statements best o	describes	this bee yard?	? (selec	t one) *					
Yard currently h	Yard currently has bees or will have bees.									
Yard has used o	Yard has used equipment, but no bees.									
Yard does <b>not</b> h	nave bees or used e	quipment								
Number of Full-Size	d Colonies	Premi	ses ID Numbe	er (if applicable) Assessment Roll Nun				per (if applicable)		
Bee Yard Address										
Unit Number	Street Number *	Street Na	Street Name *					PO Box		
Emergency/Fire No.	. (e.g. 1215)	Concess	ion		Lot		Part Lot			
GPS Coordinates (L	Jse decimal degrees	s format, e	e.g. 45.00000	)):	1					
Latitude				Long	itude					
City/Town *				Provi	ince *			Postal Code *		
Location of colonies	in this bee yard						1			
Landowner Infor	mation									
Last Name *				First Name *						
Telephone Number		Email Ad	ldress							
Yard Informatio	n	·								
Bee Yard Number (provide if renewing) Bee Yard Name										
Which of the following	ng statements best o	describes	this bee yard?	? (selec	t one) *					
Yard currently h	nas bees or will have	e bees.								
Yard has used of	equipment, but no be	ees.								
Yard does <b>not</b> h	nave bees or used e	quipment								
Number of Full-Sized Colonies Premises ID				ID Number (if applicable) Assessment Roll Num				per (if applicable)		
Bee Yard Addres	S	1								
Unit Number	Street Number *	Street Name *					PO Box			
Emergency/Fire No. (e.g. 1215) Conces			ion		Lot		Part Lot			
GPS Coordinates (L	Jse decimal degrees	s format, e	e.g. 45.00000	)):	1					
Latitude				Long	itude					

City/Town *				Province *				Postal Code *	
Location of colonies in this bee yard									
Landowner Infor	mation								
Last Name *				First	Name *				
Telephone Number		Email A	Email Address						
Yard Information	on								
Bee Yard Number (	provide if renewing)		Bee Yard Name	9					
Which of the followi	ng statements best o	describe	s this bee yard?	(selec	t one) *				
Yard currently h	nas bees or will have	bees.							
Yard has used	equipment, but no be	ees.							
Yard does <b>not</b>	have bees or used e	quipmer	nt						
Number of Full-Sized Colonies Premises ID			nises ID Number	ber (if applicable) Assessment Roll Nur				ber (if applicable)	
Bee Yard Addres	S								
Unit Number Street Number * Street Name *								PO Box	
Emergency/Fire No	Conces	sion		Lot		Part Lot			
GPS Coordinates (Use decimal degrees format, e.g. 45.000000):									
Latitude					Longitude				
City/Town *				Province *				Postal Code *	
Location of colonies in this bee yard									
Landowner Infor	mation								
Last Name *				First Name *					
Telephone Number E			Email Address						