



Development Services
460 Columbia Avenue
Castlegar, BC V1N 1G7
250-365-7227

File: 4320-40

BEEKEEPER LICENSE FORM

| PROPERTY OWNER INFORMATION (property where the Bees will be kept) | |
|---|--------|
| NAME: | PHONE: |
| ADDRESS: | CELL: |
| | EMAIL: |

| APPLICANT INFORMATION (if a tenant, please complete Agency Agreement) | |
|---|--------|
| NAME: | PHONE: |
| ADDRESS: | CELL: |
| | EMAIL: |

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| <p>FOR STAFF TO COMPLETE:</p> <p><u>LEGAL DESCRIPTION:</u></p> <p><u>ZONING:</u></p> <p><u>OCP DESIGNATION:</u></p> <p><u>LICENSE FEE (\$10) RECEIVED (Y/N) GL CODE 10-1-2410-4202 :</u></p> <p><u>SITE PLAN RECEIVED (Y/N):</u></p> <p><u>COPY OF BEEKEEPER IDENTIFICATION NUMBER RECEIVED (Y/N)</u></p> <p><u>INSPECTION COMPLETED AND DEFICIENCIES RESOLVED (Y/N):</u></p> <p><u>APPLICATION APPROVED (Y/N):</u></p> |
|---|

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|---|--------------------------|
| <p>APPLICANT CONFIRMATION</p> <p>I understand that this application form is a public document and that any and all information contained in it, including personal information as that term is defined in the Freedom of Information and Protection of Privacy Act of B.C., is open for inspection by the public and may be reproduced and distributed to the public as part of a report(s) to Council or for purposes of a public hearing. And, I understand that approval is subject to Staff and Council deliberation and assessment.</p> <p>-----</p> <p>Applicant Signature</p> | <p>-----</p> <p>Date</p> |
|---|--------------------------|