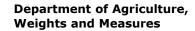
Chrisandra J. Flores Agricultural Commissioner, Sealer of Weights & Measures Community Services Agency





#### **County of Sacramento**

	2024	APIARY REGISTRATION	N
NAME (Please	Print)	EMAIL ADDRESS	
ADDRESS		DATE	PHONE ( ) -
CITY/ZIP		CDFA BRAND NO.	BeeWhere Beekeeper ID#
	ease check here and return if you	_	acramento County
		APIARIES IN SACRAMENTO	) COUNTY
Number of Colonies	Please list physical address if a	vailable and fill-in attached plot	map(s).
and Agricult I am availat Friday. My p	uest to be notified before pestici ure Code and Title 3, Division 6 (	of the California Code of Regulator-hour time period fromphone: ()	n Section 29101 of the California Food tions, Section 6983 (Initial) to Monday through
WRITING wi from pest co apiaries or a		elocating, I may not be entitled recover damages if I fail to prop at the hours I have designated a	to recover damages for any injury perly post an identification sign at my bove. I understand that this
activities fro	B Division 6 of the California Code om notification. Sacramento-Yolo may subscribe to at the followin	Mosquito Vector Control Distric	t maintains a spray notification
	DATE:S	IGNATUREBe	eekeeper
DATE RI	ECEIVED: S	IGNATUREAgricultural Com	missioner/Representative



### **Agricultural Department Annual Beekeeper Best Management Practices Checklist** (Applies to All Locations)

### **Best Management Practices Checklist:**

-45	Registration*: Are all of your bee Commissioner's Office for this caler YES NO	locations registered with the Agricultural ndar year? (FAC §29040)	
***		e water source is required to be available ocations, at all times. Please describe you	
-	Fire Prevention: Are you practicing operable water supply or fire exting fire near your hives, in case of emergence of the supply of the suppl	juisher available at all times to suppress	
-	Regular Hive Check: I will regularly check my hives for the presence of the known queen and the health of my hives (Initial)  Identification Information on Hive: Do you have contact information (name and phone number) on your hives if located on a site not resided by you? YES NO  Flyover Barrier*: If your hives are located on a residential or commercial zone district, have you surrounded your hives with a six foot flyover barrier? YES NO		
***			
**			
***		•	
As a beeke	eeper, I hereby certify the foregoing	to be true and correct.	
Name and,	or Company Name		
Beekeeper	Signature	Date	
Agricultura	al Biologist Signature	Date	

<sup>\*</sup>Per the Sacramento County Zoning Code, Chapter 3, Section 3.4.2

# Apiary Plot Plan(s)



Site 1:	
Site 1	
Latitude:	
Longitude:	
Parcel #:	
*Draw hives in relation to roads, buildings, sensitive sites, etc.	
W E	

Site 2:
Latitude:
Longitude:
Parcel #:
*Draw hives in relation to roads, buildings, sensitive sites, etc.



W E
S

# Apiary Plot Plan(s)



Site 3:	
Latitude:	
Longitude:	
Parcel #:	
*Draw hives in relation to roads, buildings, sensitive sites, etc.	
W E	

Site 4:	
Latitude:	
Longitude:	
Parcel #:	
*Draw hives in relation to roads, buildings, sensitive sites, etc.	

