



Greenville Police Department Animal Protective Services
500 South Greene Street, Greenville, NC 27858
252-329-4387



Application for Urban Beekeeping Permit

Date of Application: _____/_____/_____

Full Name of Applicant: _____

Applicant's Birthdate: _____/_____/_____ Phone Number: (____) _____ - _____

Work: (____) _____ - _____

Is this your first bee permit: Yes _____ No _____ If no, Please explain:

Location in which bees is to be kept:

Person responsible for bees: (Name, address, and phone number):

Special precautions being taken:

Type of bees: _____ / # of Hives: _____

Source bees will be obtained?

Purpose in which bees is being kept:

Do you possess any State or Federal permits for bees? Yes _____ No _____

If yes, explain: _____

Fully describe the method of housing for the bees:

Do you have liability Insurance covering the bees? Yes _____ No _____ if yes, please explain:

Owner of bees (Name, Address, Phone):

Additional Comments or Explanation (Attach additional sheets and any supporting documentation if necessary):



NORTH CAROLINA
PITT COUNTY

Applicant's Signature: _____
Date: _____

I, _____, a notary public for said County and State, do here certify that _____
Personally appeared before me this day and acknowledge that the above information is correct and truthful.

Witness my hand and official seal, this the _____ day of _____ 20 _____.

Notary Public: _____
My Commission Expires: _____

(_____)
Notary Seal

INSTRUCTIONS TO APPLICANT: Processing of this application will take at least (10) working days. Additional information may also be requested as part of this application processing. As soon as a decision is made, you will be notified.

FOR DEPARTMENT USE ONLY

Date Application Received: _____

Received By: _____

Investigative Summary:

_____ Permit Granted

Permit No. _____ Date. _____

_____ Permit Denied

Expiration Date: _____

Reason:

Animal Protective Services Supervisor: _____

Date: _____