



VILLAGE OF SCHAUMBURG

**COMMUNITY BEE GARDEN  
APPLICATION FOR PERMISSION TO  
MAINTAIN A BEE HIVE**

101 Schaumburg Ct., Schaumburg, IL 60193-1899  
COMMUNITY DEVELOPMENT DEPARTMENT • 847.923.3855

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street/Road and House Number)

\_\_\_\_\_  
(City/Town, State, and Zip Code)

**Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Fax:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

Illinois Department of Agriculture Apiary Registration Number: \_\_\_\_\_

If Registration has not been received, give date of application for Registration: \_\_\_\_\_

Number of colonies / hives at the community bee garden: \_\_\_\_\_

**Hold Harmless Agreement**

I, \_\_\_\_\_, hereby agree to keep and maintain at the Village of  
*(print name clearly)*

Schaumburg Community Bee Garden, a maximum of 3 bee hives for the production of honey and other  
hive byproducts, on the property described as 200 S. Plum Grove Road.

As a participant in the Village of Schaumburg Community Bee Garden, I recognize and acknowledge that  
there are certain risks and or injury from participation. I agree to assume the full risk of any injuries,  
damages or losses which I may sustain as a result of my participation in the Community Bee Garden.

I do hereby fully release and discharge the Village of Schaumburg including its elected officials,  
employees, and agents from any and all claims from injuries, damages or losses which I may have or  
which may accrue because of my participation in the Community Bee Garden.

I further agree to indemnify and hold harmless and defend the Village of Schaumburg from any and all  
claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or  
in any way associated with my participation.

I have read and fully understand the nature of the above Waiver and Release of All Claims.

Further, I acknowledge full responsibility for all activities conducted throughout the term of this permit  
and agree to hold the Village of Schaumburg harmless and to indemnify the village for any and all claims  
arising under this permit.

Name of Participant: \_\_\_\_\_  
(please print clearly)

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_