

**ILLINOIS DEPARTMENT OF AGRICULTURE  
APIARY INSPECTION SECTION  
P.O. BOX 19281 - FAIRGROUNDS  
SPRINGFIELD, IL 62794-9281**

<i><b>For Agency Use Only</b></i>
Registration No. _____
Registration Date _____

**APPLICATION FOR APIARY REGISTRATION**

**TO ALL BEEKEEPERS IN THE STATE OF ILLINOIS:**

In compliance with the Illinois *Bees and Apiaries Act*, every person keeping bees must register with the Illinois Department of Agriculture. There is no charge for registration. To register, complete and return this form to the address listed above.

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ COUNTY of RESIDENCE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**APIARY LOCATION INFORMATION**

An apiary is any place where one or more colonies of bees are kept. Location of all apiaries must be listed.

EXAMPLE OF LEGAL DESCRIPTION: (CAN BE OBTAINED FROM YOUR COUNTY PLAT BOOK OR SIDWELL BOOK IN THE COUNTY RECORDER'S OFFICE OR THROUGH THE GPS TAX BOOK IN THE COUNTY ASSESSOR'S OFFICE)

1/4 1/4 SECTION SW	1/4 SECTION SE	SECTION 27	TOWNSHIP 17 NORTH	RANGE 5 WEST	P.M. 3RD
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Number of Colonies	County	Name of Township	Address of <b>and</b> Legal Description of the apiary (Section, Township, Range) (GPS Coordinates)	Landowner or Name of Person at Premises Where the Colonies Are Kept
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**IMPORTANT NOTICE:** This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Compiled Statutes, Chapter 510, Act 20. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center.