



# City of Kansas City, Mo., Health Department

## Beekeeping Registration Form



**Public Health**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Exact Location of Apiary:

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Please mail to:  
Michael Swoyer  
Kansas City, MO Health Department  
2400 Troost, Suite 3300  
Kansas City, MO 64108