



APPLICATION FOR BEE PERMITS

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(Individual Responsible for the Keeping of Bees)

Current Address \_\_\_\_\_

Location of Bees \_\_\_\_\_

Number of Hives or Boxes \_\_\_\_\_

To the best of my knowledge, the bees will be kept in a manner that will not cause a health hazard or a nuisance to the surrounding neighborhood.

I, \_\_\_\_\_ hereby agree to maintain the premises in compliance with The Omaha Municipal Code.

\_\_\_\_\_  
Signature/Date

If you reside in a Homeowner’s Association (HOA) neighborhood, please review their regulations for allowance of domestic animals prior to submitting this application.

Note: This application must be accompanied by check or money order in the amount of ten dollars (\$10.00) and returned to the Omaha Douglas County Health Department, Midtown Campus, 1111 S. 41<sup>st</sup> St., Ste 130, Omaha, NE 68105.

This permit is not transferable to another person or location.

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Please do not write below this line

Fee Received \$ \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

Date Received \_\_\_\_\_ By \_\_\_\_\_

Permit Issued \_\_\_\_\_ Date \_\_\_\_\_