

Please be advised that all New York City beekeepers are required to renew their beekeeping notice form annually by March 31 each year with DOHMH, NYC.

You can either send the form electronically or through postal mail to the following address:

Public Health Entomology Unit

Office of Vector Surveillance and Control

New York City Department of Health and Mental Hygiene

125 Worth St., Mail Box: 32L

New York, NY 10013

Fax: [\(646\)6326603](tel:6466326603)

Email: beekeeping@health.nyc.gov

The Department will send you a receipt letter or a confirmed Email after they receive your notification.

NEW SUBMISSION

YEARLY NOTIFICATION

REVISION

BEEKEEPER CONTACT INFORMATION

Last Name First Name

Street Number Street Name

Borough State Zip Code

Mobile Telephone Number 1 Telephone Number 2

Fax Number

E Mail Address

EMERGENCY CONTACT INFORMATION

Last Name First Name

Mobile Telephone Number 1 Telephone Number 2

BEEHIVE LOCATION

Number of Colonies

If no (0) colonies, do you plan to get new ones? Yes No

Type of Location: Backyard Rooftop Front yard Side yard Other: _____

Street Number Street Name

Borough State Zip Code

Block # Lot #

Telephone Number Fax Number

BEEHIVE LOCATION

Number of Colonies

Type of Location: Backyard Rooftop
 Front yard Side yard Other: _____

Street Number						Street Name																								
Borough																		State			Zip Code									
Block #						Lot #																								
Telephone Number										Fax Number																				

BEEHIVE LOCATION

Number of Colonies

Type of Location: Backyard Rooftop
 Front yard Side yard Other: _____

Street Number						Street Name																								
Borough																		State			Zip Code									
Block #						Lot #																								
Telephone Number										Fax Number																				

*** If you have additional hives in different locations, please print additional copies of page 4 and enter the information.**

Notes:

If beehive is located at property not owned by beekeeper, provide the property owner information:

Last Name	First Name	
<input style="width: 100%; height: 20px;" type="text"/>		
Street Number	Street Name	
<input style="width: 100%; height: 20px;" type="text"/>		
Borough	State	Zip Code
<input style="width: 100%; height: 20px;" type="text"/>		
Telephone Number		Fax Number
<input style="width: 95%; height: 20px;" type="text"/>		<input style="width: 50%; height: 20px;" type="text"/>
E Mail Address		
<input style="width: 100%; height: 20px;" type="text"/>		

I certify that the above information is correct to the best of my knowledge:

Signature: _____ Date: _____