



FLOSSMOOR

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Village of Flossmoor

Beekeeping Registration Application

Flossmoor Village Hall
2800 Flossmoor Road
Flossmoor, IL 60422
708-957-4101
www.flossmoor.org

I/We the undersigned, hereby make application for registration under and by virtue of the Ordinances of the Village of Flossmoor for beekeeping on private property. Registration shall be granted yearly on a first come first served basis and must be renewed annually with renewal applicants taking priority over new applicants.

New Registration (requires adjacent property owners' notification) _____ **Renewal** _____

Applicant: _____ Date: _____

Property Owner Name (if different)/ Address: _____

Apiary Address: _____

Number of Apiaries (2 Max): _____ Number of Colonies (2 Max): _____

Telephone #: _____ Email: _____

24 Hour Emergency Contact Name & Number _____

Alternate 24-Hour Emergency Contact Name & Number: _____

Illinois Department of Agriculture Registration Number: _____

Applicant signature: _____ Date: _____

OFFICE USE ONLY:

Requirements to be completed prior to registration approval:	Yes	Detail
\$75.00 Registration Fee		
Abutting property owners' notification form: (Notification required 30 days prior to beekeeping activities)		
Plat of Survey indicating size and location of apiaries, setbacks, signage, flyway and water sources:		
Proof of registration with the State of Illinois Department of Agriculture. (First time applicants must provide this number to the Village within 60 days of establishing hives)		

REGISTRATION #: _____



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Village of Flossmoor Beekeeping Neighbor Notification

Flossmoor Village Hall
2800 Flossmoor Road
Flossmoor, IL 60422
708-957 -4101
www.flossmoor.org

Neighbor at: _____

The following address has applied to register for beekeeping in the Village of Flossmoor. Pursuant to Chapter 200, Article 4, Section 200-4-7 of the Flossmoor Municipal Code, adjacent neighboring property owners and tenants must be notified 30 days prior to beginning beekeeping activities. Residents abutting the property of an applicant who have been medically diagnosed with an allergy to bee venom may object to an application in writing no more than fifteen (15) days following notification.

Proposed Apiary Address: _____

I understand that my neighbors will be establishing an apiary and commencing beekeeping activities on their property. I hereby attest that I/we:

_____ Do have a medically diagnosed allergy to bee venom and OBJECT to the registration.
(please provide documentation)

_____ Do have a medically diagnosed allergy to bee venom and DO NOT OBJECT.

_____ Do NOT have a medically diagnosed allergy to bee venom.

Print Name _____ Address: _____

Phone: _____ Email address: _____

Signed: _____ Date: _____

APPLICANT: A completed Neighbor Notification form must be included with the Registration Application for each property owner or tenant residing at an abutting property.