



Florida Department of Agriculture and Consumer Services  
Division of Plant Industry

**APPLICATION FOR BEEKEEPING REGISTRATION**

Sections 586.045 and 586.10(3)(f), F.S./ Rule 5B-54.010(1)(3), F.A.C.

P. O. Box 147100, Gainesville, FL 32614-7100 / Phone: (352) 395-4700 / Fax: (352) 395-4624

Remit Registration Fee at:  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)  
-or-  
Check or Money Order payable  
to FDACS and Remit with Form  
to:  
  
Division of Plant Industry  
Apiary Section  
P.O. Box 147100  
Gainesville, FL 32614-7100

(New )

(Continuing)

(Reactivation)

\_\_\_\_\_  
(Company Name or Partnership )

\_\_\_\_\_  
(Owner(s) Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State )

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(Physical Address if different from above)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State )

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(Phone Numbers)

or

\_\_\_\_\_  
(Email)

**Number of Colonies** \_\_\_\_\_

This signed application shall be submitted to the Division of Plant Industry before a Certificate of Beekeeping Registration and Registration Number is issued. Return this application with payment to the address listed above.

The honeybees shall have been inspected by an authorized representative of the Department within a 12-month period preceding the date of application and meet the requirements of Chapter 586, Florida Statutes, and 5B-54, Florida Administrative Code. If hives are purchased from a Florida Registered Beekeeper and meet these requirements above regarding inspection please complete the section below.

All beekeepers in the State of Florida shall be registered with the Department of Agriculture and Consumer Services and will be issued a permanent registration number at the time of registration.

"Governmental agencies maintaining honeybee colonies for experimental or educational purposes" shall be exempt from registration fees.

\_\_\_\_\_  
Hives purchased from:

\_\_\_\_\_  
Firm Number:

\_\_\_\_\_  
Inspected on:

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
PRINTED NAME & TITLE

\_\_\_\_\_  
Date of Application

Distribution: Original – Gainesville