

South Dakota Department of Agriculture

523 E. Capitol Ave., Foss Building, Pierre, SD 57501-3182

Please Print – Send all copies to the SD Department of Agriculture

BEE LOCATION PERMISSION FORM

I have granted permission to: _____
Last Name First Middle

_____ to establish a bee yard on my property:

Address City State Zip
_____ in _____ County of South Dakota.

Qtr. Sec. Twp. Rge.

Check Permit Requested:

| | | |
|---|------------------------|-------------------------|
| | Approved – Disapproved | Reason for Disapproval: |
| _____ Permanent (until canceled by landowner) | _____ | _____ |
| _____ Restricted | _____ | _____ |

It is understood that the landowner can revoke this authorization at any time. The Secretary of Agriculture or his designee has the right to enter upon any public or private property for the purpose of inspection of bees and equipment for disease. In case of an outbreak of disease, the Secretary of Agriculture may Quarantine all locations in the area of the disease. (Reference SDCL 38-18)

Name (Please Print) () Owner OR () Lessee (Please check)

Mailing Address

City, ST and Zip Code

Signature and Date

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