## **South Dakota Department of Agriculture**

## **BEE LOCATION PERMISSION FORM**

Signature and Date

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

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

I have gran	nted permission t						
		Last Nar	ne	First		Middle	
Address				City		Stato	to establish a bee yard on my property:
Auuress				City	in	State	ZipCounty of South Dakota.
Qtr.	Sec.	Twp.	Rge.				
Check Perm	nit Requested:						
Permanent (until canceled by landowner)			Appro	oved – Disap	prov	ed	Reason for Disapproval:
Perma	anent ( <i>until cancele</i>	ed by landowner)					
Restri	cted						
					_	Name (P	lease Print) ( ) Owner OR ( ) Lessee (Please check)
It is unders	stood that the land	owner can revoke th	is authoriz	ation at any		runie (i	( ) Similar Six ( ) Lease the case the case
		ure or his designee h perty for the purpos	_		_		Mailing Address
	•	case of an outbreak		-	_		
Secretary of Agriculture may Quarantine all locations in the area of the disease. (Reference SDCL 38-18)							City, ST and Zip Code
discuse. [in	ejerence sbel so-1	6)			_		Signature and Date
Please Print		ilding, Pierre, SD 57 the SD Department of A	Agriculture	First		Middle	
							to establish a bee yard on my property:
Address			City	S	tate in	Zip	County of South Dakota.
Qtr.	Sec.	Twp.	Rge.				<del></del>
Check Perm	nit Requested:						
Permanent (until canceled by landowner)			Approved – Disapprov			ed	Reason for Disapproval:
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						Name (Pl	ease Print) ( ) Owner OR ( ) Lessee (Please check)
		owner can revoke th		•		Name (Pl	ease Print) ( ) Owner OR ( ) Lessee (Please check)
	ecretary of Agricult	owner can revoke th ure or his designee h perty for the purpos	as the rig	ht to enter		Name (Pl	ease Print) ( ) Owner OR ( ) Lessee (Please check)  Mailing Address
upon any pand equipm	ecretary of Agricult public or private pro pent for disease. In	ure or his designee h	as the rigi e of inspe of disease	ht to enter ction of bees c, the		Name (PI	