



City of Madisonville

Office of City Clerk
67 N. Main Street
PO Box 705
Madisonville, KY 42431
Phone: 270-824-2101
FAX: 270-824-2158

Beekeeping Registration Form

Ref: Ord. 2013-08, Chapter 90.08

Any honeybee colony shall be registered with the City Clerk of the city of Madisonville.

Name of property owner: _____

Address where bees are being kept: _____

Phone number(s): _____

Number of colonies or hives being maintained: _____

The beekeeper shall obtain and maintain in full force and effect an insurance policy which provides coverage for all beekeeping activities with policy limits of not less than \$300,000.00 per occurrence and present proof of said insurance coverage to the City at the time of registration and any renewal thereof.

Your signature below indicates that you have read Ordinance 2013-08, Chapter 90.08 in its entirety and understand your responsibility to report to the City Clerk on an annual basis the status of the honey bee colony and submit any insurance policy renewals as well as changes to your contact information.

Signature: _____ **Date:** _____

For Internal Use Only

Date Received: _____ Is insurance certificate attached? _____ Employee Initials _____