



**City of Kansas City, Mo., Health Department
Beekeeping Registration Form**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

If Applicable:

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Exact location of Apiary:

This form can be submitted via email, mail, or in person to the following:

Rat Control Program
Kansas City, MO Health Department
2400 Troost Avenue, Suite 3400
Kansas City, MO 64108
environmental.health@kcmo.org
(816) 513-6048