

**City Hall**  
505 Walnut St Suite 1  
Monticello, MN 55362  
(763) 295-2711



**Monticello Animal Control**  
Monticello, MN 55362  
(612) 859-6989  
Animal.control@MonticelloMN.gov

## APPLICATION / PERMIT – KEEPING OF HONEYBEES

---

**INSTRUCTIONS:** *Please type or print legibly all requested information. Incomplete applications or applications that do not comply with city ordinances will not be accepted. Completed applications/renewals must be sent to Monticello City Hall and at least 30 days allowed for processing and approval. You will be notified of the status of your application by email or mail. Approved permits will be mailed to the address indicated by the Applicant.*

**Date of application:** \_\_\_\_\_ **Check one:**  Original  Renewal

**APPLICANT INFORMATION:**

Applicant Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different than above): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Owner Name (if different than Applicant): \_\_\_\_\_

**PREMISES INFORMATION:**

Premises Address: \_\_\_\_\_

Property Identification Number (PID) of premises: \_\_\_\_\_

Describe in detail and attach drawing of building, cage, etc. where fowl will be kept. Attach a site survey showing location on the premises (for new applications only):

**CERTIFICATION:**

Name of School/Entity and Date attended: \_\_\_\_\_  
Attach copy of certificate.

**VERIFICATION BY APPLICANT:**

I attest that the information in this application/renewal is true and correct. I agree to abide by all rules, regulations and provisions of the City of Monticello Code of Ordinances, and all other applicable rules, regulations and provisions of law by State and/or Federal authority. I understand that a permit may be revoked upon violation of any of the stipulations by Monticello Animal Control stated in this permit or within the City ordinances.

Applicant Signature: \_\_\_\_\_

Owner Signature (if different than Applicant): \_\_\_\_\_

**VERIFICATION BY MONTICELLO ANIMAL CONTROL:**

Please list date of inspection and note pass/fail and any comments:

INSPECTION TYPE	DATE	PASS/FAIL	COMMENTS
Application is complete			
Verification of signatures			
Site complies with zoning district			
Site complies with ordinance			
Location for beekeeping meets requirements			
Proper water source			
Other:			

Please list any other concerns or issues for this location to be allowed to keep bees on the premises:

**Animal Control Officer Recommendation** (check one):

- This application/renewal should **NOT** be approved.
  
- This application/renewal should be **APPROVED**. List any stipulations and conditions for this permit:

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**VERIFICATION BY CITY OF MONTICELLO:**

Permit fee (\$50) --- Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ **OR**  
Annual renewal (\$25 fee) Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Check one:

- This application/renewal is **NOT APPROVED** by the City of Monticello.
  
- This application/renewal is **APPROVED** by the City of Monticello. This permit is effective for one year:  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
*(Note: If approved, a signed permit or copy must be kept on applicant premises)*