Government of South Australia
Department for Environment and Water

BEEKEEPING - APPLICATION TO TRANSFER A LICENCE

Pursuant to Section 50 of the Crown Land Management Act (2009)

For Office Use Only

APPLICATION NO.

RECEIPT NO.

AMOUNT DUE **$543.00**

DATE RECEIVED / /

GENERAL INFORMATION

1. This form is to be used to apply for the transfer of a bee keeping licence. For information on the Department's beekeeping policy see: http://www.environment.sa.gov.au/files/sharedassets/public/crown_lands/fact_sheets/crown-land-fact-sheet-bee-keeping-policy.pdf
2. If the transfer of the licence is whole or standalone refer to: www.revenuesa.sa.gov.au/stampduty/stamp-duty-document-guide regarding stamp duty.
3. Please use 'BLOCK' letters if you are filling this form in by hand. This form must be signed personally by the applicant(s).
4. Please note that additonal documentation is required as part of this application (see attachments page 2).
   For information about how to obtain land details see:
   http://www.sa.gov.au/topics/housing-property-and-land/property-and-place-information/researching-a-property
5. Payment – Please note application fees are not refundable. The Department for Environment and Water is unable to take payments over the phone via credit card after 8 November 2026. Application fees will be invoiced from December 2026.

LODGED ON BEHALF OF APPLICANTS (IF APPLICABLE)

Complete this section if you are lodging the application on behalf of another party and wish to remain as the contact person for this transaction.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

LEGAL/BUSINESS NAME (IF APPLICABLE)

PHONE AND/OR MOBILE | EMAIL

APPLICANTS DETAILS

If there are further applicants please complete Annexure A of this form.

TRANSFEROR (CURRENT LICENCE HOLDER)

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL) | DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN | ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB | STATE | POSTCODE

PHONE AND MOBILE | EMAIL

TRANSFEREE (PROPOSED LICENCE HOLDER)

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN

ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB

STATE

POSTCODE

PHONE AND/OR MOBILE

EMAIL

ATTACHMENTS

The following attachments are needed to process this application - please tick to acknowledge these are attached.

☐ A copy of your current South Australian registration pursuant to the *Livestock Act 1997* A copy of your public liability insurance policy.

☐ List of proposed sites and the GPS coordinates if the sites - see page 2 of this application

☐ A site plan showing the site boundary and associated access track(s).

Note - If you require assistance or have any questions regarding any of the above requirements please contact the Berri office on (08) 8595 2105.

- A site should generally consist of an area of 2000 square metres on which there should be no more that 120 (10 framed) hives or equivalent.

ACKNOWLEDGEMENT

TRANSFEROR (CURRENT LICENCE HOLDER)

I/We hereby request that approval be given for the transfer in respect to the licence over the subject land.

SIGNATURE OF TRANSFEROR

DATE

TRANSFEROR NAME (PRINT)

TRANSFEREE (PROPOSED LICENCE HOLDER)

I/we accept liability for any amount owing to the Department for Environment and Water in respect to the licence over the subject land.
I/We declare the particulars supplied on this application form to be true and correct.

SIGNATURE OF TRANSFEREE

DATE

TRANSFEREE NAME (PRINT)

INVOICE CONTACT NAME

LODGEMENT INFORMATION

GPO Box 1047
Adelaide SA 5001

Phone: (08) 8372 7529

DEW.Crownlandsapplications@sa.gov.au

If you have additional applicants please complete *Annexure A* below.

ANNEXURE A - ADDITIONAL APPLICANTS

APPLICANT 2 - TICK RELEVANT BOX ☐ **LANDOWNER** ☐ **TRANSFEREE** ☐ **TRANSFEROR** ☐ **MORTGAGEE/LESSEE** ☐ **LESSOR**

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL) | DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN | ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB | STATE | POSTCODE

PHONE AND/OR MOBILE | EMAIL

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT | DATE

APPLICANT NAME (PRINT)

APPLICANT 3 – TICK RELEVANT BOX ☐ **LANDOWNER** ☐ **TRANSFEREE** ☐ **TRANSFEROR** ☐ **MORTGAGEE/LESSEE** ☐ **LESSOR**

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL) | DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN | ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB | STATE | POSTCODE

PHONE AND/OR MOBILE | EMAIL

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT | DATE

APPLICANT NAME (PRINT)

APPLICANT 4 – TICK RELEVANT BOX ☐ **LANDOWNER** ☐ **TRANSFEREE** ☐ **TRANSFEROR** ☐ **MORTGAGEE/LESSEE** ☐ **LESSOR**

FULL NAME (FIRST. MIDDLE & SURNAME IN FULL)	DATE OF BIRTH
LEGAL/BUSINESS NAME (IF APPLICABLE)	
ABN	ACN
STREET ADDRESS	
POSTAL ADDRESS	
TOWN/SUBURB	STATE / POSTCODE
PHONE AND/OR MOBILE	EMAIL

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT	DATE
APPLICANT NAME (PRINT)	

BEE SITES PROPOSED FOR TRANSFER

Please provide details of the bee sites you are requesting to transfer:

LICENCE AND SITE NUMBER	LOCATION: GPS EASTING	LOCATION: GPS NORTHING	NATIONAL PARK OR CROWN LAND, LAND DESCRIPTION
E.g.: BL 123456 Site - 1	0478211	6067211	E.g.: : CR5772/846 *You can find this information by zooming into the location of the licensed site and clicking on the location using the "info' tool in the Property location browser. Go to http://maps.sa.gov.au/plb/*

If there are further sites please attach a list to including to your application.