



BEE KEEPING - APPLICATION FOR A LICENCE

*Pursuant to Section 46 of the Crown Land Management Act (2009) or the
National Parks and Wildlife Act 1972*

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 a Crown land bee keeping licence. For further information on beekeeping policy refer to: http://www.environment.sa.gov.au/files/sharedassets/public/crown_land/fact_sheets/crown-land-fact-sheet-bee-keeping-policy.pdf
2. A licence does not grant an exclusive right to the land and members of the public cannot be excluded from licensed Crown land.
3. Please use 'BLOCK' letters if you are filling this form in by hand.
4. This form must be signed personally by the applicant(s).
5. 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>
6. Please note you are required to submit additional documentation and GPS information as part of your application – If you don't have access to a GPS device contact the District Manager of the National Park where licence sites are located.
7. Payment – Cheques should be made payable to Department for Environment and Water and marked 'Not Negotiable'. You will be contacted by phone for credit card payments by MasterCard or Visa.

LODGED ON BEHALF OF APPLICANT

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

APPLICANT DETAILS

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

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

PROPOSED BEE SITES

Please provide details of the bee sites you are requesting a licence for:

SITE NUMBER	PROPOSED LOCATION: GPS EASTING	PROPOSED LOCATION: GPS NORTHING	NATIONAL PARK OR CROWN LAND, LAND DESCRIPTION
E.g.: 1	0478211	6067211	E.g.: CR5772/846 <i>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/</i>

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

ADDITIONAL INFORMATION

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 GPS coordinates - 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 than 120 (10 framed) hives or equivalent.

ACKNOWLEDGEMENT

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

SIGNATURE OF APPLICANT	DATE
APPLICANT NAME (PRINT)	

LODGEMENT INFORMATION

Please return the completed form to the Crown Lands Program Office.

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** **TRANSFEEE** **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** **TRANSFEEE** **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)