

Mail completed application to:

Los Angeles County Department of
Agricultural Commissioner/Weights & Measures
12300 Lower Azusa Road, Arcadia CA 91006-5872
(626) 575-5466 Tel. (626) 443-6652 Fax

ACWM FORM APIARY REGISTRATION
Page 1 of 2

2026 ANNUAL APIARY REGISTRATION

In accordance with Section 29043 of the California Food and Agricultural Code, you are required to register your apiary with the Agricultural Commissioner of the county in which your bees are kept. **Persons registering their apiary for 2026 must do so before January 1, 2026, or when your apiary first enters the county.** Migratory beekeepers should list specific months of activity in the county.

In accordance with Section 2951, Title 3, of the California Code of Regulations, an apiary registration assessment shall be collected for each beekeeper, apiary owner, apiary operator or person in possession of any apiary within the previous 12 months of the calendar year. The apiary registration assessment fee is shown below:

1-9 colonies: \$10.00 | **10-50 colonies: \$100.00** | **50+ colonies: \$250.00** | **Broker: \$250.00**

Please submit your annual registration and pay your apiary registration assessment fee on BeeWhere.calagpermits.org. Once completed, print and attach a copy of your registration certificate to this form.

Complete all sections below and indicate with NA if not applicable.

Select one: New Renewal Update

Owner Information:

Name	Beekeeper ID Number (from BeeWhere)
<input type="checkbox"/> I no longer have bees in the county.	<input type="checkbox"/> I sold my bees. Please give new owner information
Comments:	Name:
	Address:
	Telephone:

Colony Location(s) - list all apiary locations.* Please check with each city to see if beekeeping is allowed and indicate below. Also, for property locations that are not owned, a written agreement from the property owner shall be provided and attached to this form. Note: Annual Registration will not be processed if beekeeping is not allowed in your city and/or if a written agreement from the property owner is not attached.

# of Colonies	Address of apiary locations in this County (Include GPS coordinates- latitude, longitude)	# of Months on Site	Property Status	Beekeeping Allowed?
			<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

**attach separate sheet for additional locations.*

Crop Reporting Statistics

Please report honey, wax, and pollination figures for 2025 from LA County only.

Crop	Quantity (Lb.)	Price per Lb.	Comments
Honey			
Wax			
Number of Colonies		Price per Colony	Comments
Pollination for Hire			

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Page 2 of 2

REQUEST FOR PESTICIDE NOTIFICATION

- I do not request to be notified.
- I request to be notified before pesticide applications as provided for in Section 29101 of the California Food and Agricultural Code and Title 3 California Administrative Code Section 6982.

I am available for notification during a two-hour time period, *(indicate hours here)* _____ to _____, Monday through Friday.
Notification preference (select one): Telephone Email Both

Telephone Number #1	
Telephone Number #2	
Email Address	

I understand that if I fail to submit my request for pesticide notification to the Agricultural Commissioner **by mail within the 72-hour period** before relocating, I may not be entitled to recover damages for any injury from pest control operations. I also will not recover damages if I fail to properly post an identification sign at my apiaries or am not available for notification at the hours and phone numbers I have designated above. I understand that this "REQUEST FOR NOTIFICATION" will expire December 31, 2026.

I attest that all information submitted is accurate and true.

Beekeeper Signature

Date

VOLUNTARY- LIVE BEE REMOVAL CONTACT INFORMATION PROVIDED FOR PUBLIC USE

If you are a beekeeper that offers live bee removal services without the use of pesticides and would like to be part of our Live Bee Removal Referral List, please fill out this section. This list will be provided to the public in need of bee removal services.

- I currently perform only Live Bee Removals and would like to be added onto the Live Bee Removal Referral List.

Geographic area serviced: _____

Please indicate what is done with the captured swarms here. _____

Office Use Only:

APPROVED	<input type="checkbox"/>	Property Owner Agreement Submitted	YES	NO	NA
DENIED	<input type="checkbox"/>	City/Zoning Approval	YES	NO	

Processed by: _____

Date: _____



Kurt E. Floren
 Agricultural Commissioner
 Director of Weights and Measures

COUNTY OF LOS ANGELES

**Department of
 Agricultural Commissioner/
 Weights and Measures**

12300 Lower Azusa Road
 Arcadia, CA 91006-5872

<https://acwm.lacounty.gov>



Maximiliano E. Regis
 Chief Deputy

APIARY OWNER AND PROPERTY OWNER AGREEMENT

The County of Los Angeles Department of Agricultural Commissioner/Weights and Measures requires this agreement to be completed pursuant to the **Food and Agricultural Code Section 29046(b)**, which states, "No person shall locate or maintain an apiary on private land not owned or leased by the person unless the person has approval from the owner of record, or an authorized agent of the owner of record, and can establish approval upon demand of the secretary or commissioner. The approval shall include the name and phone number of the person granting approval."

Agreement for apiary use of the property located at: _____

Length of time the apiary will be on the property: _____

Number of colonies on the property: _____

In the event of an emergency, please contact the beekeeper at: _____

Correspondence shall be sent to this mailing address: _____

Property Owner Name: _____

Property Owner Phone Number: _____

Property Owner Mailing Address: _____

Property Owner Email Address: _____

Property Owner Signature: _____ Date: _____

Beekeeper Name: _____

Beekeeper Phone Number: _____

Beekeeper Mailing Address: _____

Beekeeper Email Address: _____

Beekeeper Signature: _____ Date: _____