#### VILLAGE OF OSSINING



16 Croton Avenue, Ossining, NY 10562

#### **APIARY REGISTRATION**

Chapter 75 of the Code of the Village of Ossining

Registration Rules & Instructions \* Rules & Regulations

**Registration Rules & Instructions for Filing:** Chapter 75 of the Code of the Village of Ossining requires annual registration of all Apiaries containing Bee Colonies (*Apis mellifera*, common honey bees) within the boundaries of the Village of Ossining using the form available from the Ossining Village Clerk and online at the Village of Ossining website: <a href="http://www.villageofossining.org">http://www.villageofossining.org</a>.

Under the Village Code, each Beekeeper is responsible to file the annual registration and annual renewals thereafter. All completed forms should be forwarded to the Village Clerk by mail or in person at 16 Croton Avenue. The initial registration is due within 10 days of installation of any Apiary. Once the registration is on file, any revisions or updates to the information contained in the registration documentation on file must be reported to the Village within 10 business days by the filing of an amended/updated registration form with the Village Clerk. Annual renewal registrations must be filed with the Village during the month of April each year thereafter. The Beekeeper is responsible for all filings and no renewal notices will be sent.

Beekeepers must identify a omentoro or alternate qualified Beekeeping contact on the annual registration form and designate the primary & secondary emergency contact for purposes of responding to questions or complaints. Multiple Apiaries which are the responsibility of one Beekeeper on a single property can be included in one registration filing; attach additional sheets with sketches and data as needed. Multiple Apiaries on a single property which are the responsibility of multiple Beekeepers should be registered by the responsible Beekeeper for each Apiary.

<u>Key Responsibilities:</u> Beekeepers are responsible for keeping abreast of and adhering to best practices in the field of Beekeeping. Beekeepers are strongly encouraged to join one or more organized beekeeping associations in order to maximize the opportunity for engaging in best practices.

The Village has determined that Communication and Education are key elements in urban Beekeeping. Beekeepers responsibilities include (a) being available to engage in community outreach in order to educate the public and others on beekeeping and (b) staying informed by attending formal training educational classes. Among other sources of pertinent information, the following link to Cornell University Dyce Laboratory for Honeybee Studies is recommended: <a href="http://www.masterbeekeeper.org/">http://www.masterbeekeeper.org/</a>

#### **Rules and Regulations:**

1. All Bee Colonies shall be kept in appropriately sized, designed and maintained Apiaries with removable frames, which shall be kept and maintained at all times in sound and usable condition.

- 2. Each Apiary shall be labeled by the Beekeeper with the name and contact information of the responsible beekeeper and alternate emergency contact information, which information shall be visible from a distance of no less than 15 feet from the Apiary.
- 3. An independent and reliable source of water shall be provided on the property housing the bee colony within a reasonable distance from the Apiary in order to encourage use by the Bee Colony.
- 4. An appropriate flight barrier shall be located in proximity to the entrance of the hive to encourage an upward flight pattern for all Bees in the Bee Colony as they enter and depart the Apiary.
- 5. Beekeepers must engage in all appropriate best practices to avoid creating a Beekeeping-related nuisance. Beekeepers must be prepared at all times to respond immediately and to remediate all nuisance conditions, including but not limited to:
  - A. Bees from Bee Colonies that injure or threaten injury to persons, Domestic Pets, or property;
  - B. The presence of Bees from Bee colonies on neighboring or nearby properties in significant quantities, except that behavior necessary to the routine foraging for pollen by Bees shall not constitute *per se* nuisance behavior;
  - C. Bees from Bee Colonies that engage in aggressive, swarming or similarly objectionable behavior:
  - D. A Bee Colony housed in an Apiary which is placed so that the Apiary or Bee movement to/from such Apiary unreasonably interferes with pedestrian traffic or persons residing on or adjacent to the property upon which such Apiary is located;
  - E. An Apiary which is overcrowded, diseased, abandoned or maintained in any condition or location where the Bee Colony cannot thrive.

Adopted 5-21-14 Page 2

# ON OF COMMENT

### **VILLAGE OF OSSINING**

16 Croton Avenue, Ossining, NY 10562

#### **APIARY REGISTRATION**

Chapter 75 of the Code of the Village of Ossining

Registration Type (check one): New [ ] Yearly Renewal [ ] Revision [ ]

| Property Street Address   | :  |                   |  |  |
|---------------------------|--|-------------------|--|--|
| Tax Map Designation:      |  | Zoning District:  |  |  |
| Section 1 – Beekeeper     | Information  | Primary/Seco      | ondary Emergency Contact? (circle one)   |  |
| Beekeeper Name            |  |                   |  |  |
| Address                   |  |                   |  |  |
| Telephone Numbers (home   | e, business, mobile)   |                   |  |  |
| Email Address(es)         |  |                   |  |  |
| Section 2 – Property C    |  |                   | ry/Secondary Emergency Contact? (circle one)   |  |
| Property Owner Name (if I | Business, please also pro  | ovide Contact N   | ame)   |  |
| Address                   |  |                   |  |  |
| Telephone Numbers (home   | e, business, mobile)   |                   |  |  |
| Email Address(es)         |  |                   |  |  |
| CHECK THE APPLICABLE      | E BOX(es) BELOW to   | identify the lega | al entity of the Property Owner & Beekeeper:   |  |
| Business/C                | ietor/Individual<br>General Partnership<br>artnership<br>ability Partnership | Owner Beel        | keeper Limited Liability Company Corporation S-Corporation Nonprofit Other (specify) |  |

#### **APIARY REGISTRATION**

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#### <u>Section 3 – Mentor/Alternate Qualified Beekeeping Contact Information</u> <u>Primary/Secondary Emergency Contact? (circle one)</u>

| Mentor/Alternate Beekeeper Name            |  |
|--|--|
|  |  |
| Address                                    |  |
|  |  |
| Telephone Numbers (home, business, mobile) |  |
|  |  |
| Email Address(es)                          |  |
|  |  |
|  |  |

#### Section 3 - Beekeeper Training, Education and Credentials

Please list all relevant courses, education and credentials (if this is a renewal, please provide this information for the preceding year only); if you were the instructor, please so indicate by checking the appropriate box:

| Course Name/Offered by What Institution or Organization/Address | Instructor? | Date of Completion/<br>Credential Earned |
|---|-------------|--|
|   |             |  |
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|   |             |  |

#### Section 4 – Sketch of Apiary Location(s) on the Property

| Please include location of each apiary, flyaway barriers, any pollinator plantings, independent water source, relevant structures, fences, and property lines, etc Provide approximate distances in feet. Attach additional pages or documentation if appropriate. Multiple apiaries may be designated on one sketch. |  |  |  |  |
|---|--|--|--|--|
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## Village of Ossining APIARY REGISTRATION

| CHECKLIST FOR SUBMISSION  Prior to submitting your registration form, verify th  □Application Sections 1, 2, 3, 4  □Certification & Acknowledgement ó (retain copy   |  |  |  |  |  |   |                |
|--|--|--|--|--|--|---|----------------|
| □Notary Signature  | of Raios & Regulations)  |  |  |  |  |   |                |
| CERTIFICATION/ACKNOWLEDGEMENT -  | Please read and sign below   |  |  |  |  |   |                |
| ☐ I affirm that I am the responsible Beekeeper/registrant. I am responsible for the entries made, information provided and any attachments to this registration. I also affirm that I personally reviewed all of the information entered and any attachments to this registration, and that this registration is true, accurate, correct, and complete to the best of my knowledge.  |  |  |  |  |  |   |                |
| I affirm that I have complied with any applicable provisions of New York State law or regulations concerning beekeeping and have registered my apiary(ies) as may be required by same., including but not limited to the õSurvey of New York State Beekeeper and Apiary Yard Location Dataö at <a href="http://www.agmkt.state.ny.us/pi/pihome.html">http://www.agmkt.state.ny.us/pi/pihome.html</a> I affirm that my apiary(ies) and all associated activities are in full compliance with all provisions of the Village of Ossining Code and any rules, regulations and best practices, and that I will comply with any other applicable laws and regulations of the Village of Ossining that are now in force and those that may be duly enacted in the future.  False statements on this registration may be punishable as a violation under the Penal Law of the State of New York. |  |  |  |  |  |   |                |
|  |  |  |  |  |  | ☐ I acknowledge that I have received a copy of Chapter 75 of Regulations promulgated by the Village of Ossining and I fully |                |
|  |  |  |  |  |  | Beekeeperøs Signature   | Title (if any) |
| Print Full Name  | Date   |  |  |  |  |   |                |
| State of New York ) ) ss: County of )  |  |  |  |  |  |   |                |
| On the day of<br>undersigned, personally appeared<br>proved to me on the basis of satisfactory evidence to<br>to the within instrument and acknowledged to managed the capacity, and that by his/her signatures on the in<br>behalf of which the individual acted, executed the in   | to be the individual whose name is subscribed<br>ne that he/she executed the same in his/her<br>strument, the individual, or the person upon |  |  |  |  |   |                |
| Notary Public  |  |  |  |  |  |   |                |