



Town of Mundare

Telephone: (780)764-3929

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P.O. Box 348, Mundare, AB T0B 3H0

Email: reception@mundare.ca

www.mundare.ca

URBAN BEEKEEPING LICENCE
NEIGHBOR NOTIFICATION

I, _____

Name of Applicant

Of _____

Civic Address of Applicant

Will be applying to the town of Mundare to keep beehives in my yard. As part of the application process, I must notify
Neighbors in the notification area to install hive (s) on my property. The number of hives I am applying for is _____ hives.

Bylaw 939.22 regulates the keeping of bees in urban areas. To review bylaw please visit town of Mundare Webpage <https://mundare/bylaws>.

You have two weeks from the date of notification to provide any comments/ concerns to the Town of Mundare.

Town of Mundare
E-mail : cao@mundare.ca
Box 348
Mundare, AB T0B 3H0
(780)764-3929

If you have any questions, please call _____

(Applicants name & Phone Number)

or by e-mail _____.

(Applicants e-mail)

Signature

Dated