



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

\$463.00

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_land/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 additional documentation is required as part of this application (see attachments page 2).
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. Payment – Please note application fees are not refundable. 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 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 than 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
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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
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TRANSFEREE NAME (PRINT)

LODGEMENT INFORMATION

Please return the completed form to your local natural resources office.

GPO Box 1047
Adelaide SA 5001
Phone: (08) 8204 1218
DEW.CrownLands@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

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)

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 <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.