



GILA RIVER INDIAN COMMUNITY
Department of Environmental Quality - Pesticide Control Office
PO BOX 2139 • SACATON, AZ 85147 • OFFICE (520) 562-2234 • FAX (520) 562-3198
GRIC.Pesticide.Office@GRIC.nsn.us • www.GRICDEQ.org



Apiary Registration Application Instructions

Section 1: General Information

- 1.1: Check the appropriate “New Applicant” or “Renewal” box. Commercial Beekeepers who fail to submit their renewal application within 30 calendar days after the expiration date of their current registration shall be considered a “New Applicant” and are subject to the “New Applicant” fee.
- 1.2: Complete each field provided in it’s entirety as it applies to your commercial beekeeping business.
- 1.3: If the business’ physical address is the same as the business’ mailing address, enter **“SAME”**.
- 1.4: Enter the name and contact information for a person with managerial authority with whom you would like our office to work with regarding administrative and operational matters pertaining to your registration.

Section 2: Associated Agricultural Grower(s)

- 2.1: Complete each field provided in it’s entirety regarding the associated agricultural grower(s) you are working with.

Section 3: Fees

- 3.1: Payment is accepted only by check or money order and shall be made out to **“GRIC Pesticide Fund”**.

Section 4: Acknowledgement & Consent

- 4.1: Read, sign and date the Acknowledgement & Consent
- 4.2: Submission of your completed application, contractual agreements, and payment shall be remitted to:

GRIC Department of Environmental Quality
ATTN: Pesticide Control Office
PO Box 2139
Sacaton, AZ 85147



- New Applicant
 Renewal

Apiary Registration Application

Section 1: General Information			
Business Name:		Owner:	
Mailing Address:	City:	State:	ZIP:
Physical Address:	City:	State:	ZIP:
Business Phone:	Cell Phone:	Fax:	
Contact Person's Name:	Phone:	Email:	
Section 2: Associated Agricultural Grower (s)			
Business / Establishment Name #1:		Owner:	
Physical Address:	City:	State:	ZIP:
Contact Person's Name:	Phone:	Email:	
Business / Establishment Name #2:		Owner:	
Physical Address:	City:	State:	ZIP:
Contact Person's Name:	Phone:	Email:	
Business / Establishment Name #3:		Owner:	
Physical Address:	City:	State:	ZIP:
Contact Person's Name:	Phone:	Email:	



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Section 3: Fees

	New	Renewal
1-Year Apiary Registration	\$75.00	\$50.00
2-Year Apiary Registration	\$100.00	\$75.00

Community member owned businesses and GRIC government departments / enterprises are exempt from Apiary Registration fees.

Section 4: Acknowledgement & Consent

I, the undersigned, certify that I am the owner or authorized representative of the business seeking an Apiary Registration. I certify that the answers given herein are correct to the best of my knowledge and belief, with the understanding that false statements may result in application denial or civil penalties imposed to include but not limited to: registration suspension, revocation, and/or imposed penalties.

By submitting this application, I am agreeing to submit to the enforcement authority of the Department of Environmental Quality, the jurisdiction of the Community Court, and the Community Court of Appeals for the express purposes of enforcement of GR-001-19: Apiary Registration Code. Additionally, I acknowledge having received or am in possession of a copy of GR-001-19: Apiary Registration Code and I understand my duties and responsibilities as contained within.

Furthermore, by submitting this application, I acknowledge that any person, including a person who is not an Indian, who knowingly violates any provision of this chapter may be assessed a civil penalty; that any person under the criminal jurisdiction of the Community may also be subject to criminal prosecution; and that any person who is not a member of the Community may also be subject to GRIC Code Title Eight, Chapter One, Removal or Exclusion of Non-Members.

Signature

Date

Section 5: For Official Use Only

Date Received	Received By	Date Approved	Date Denied	Registration #