



BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
OFFICE OF ANIMAL CONTROL
301 Stockholm Street
Baltimore, Maryland 21230
410-396-4688



PERMIT APPLICATION

Allowed Wild, Exotic and Hybrid (WEH) Animals

Name of Applicant:

Date:

Address:

BALTIMORE, MD 212_____

Telephone:

E-mail:

Cell:

Address where animal(s) will be kept (if different than above):

BALTIMORE, MD 212_____

Total Number of Animals

Type of Animal(s):

Are the animals part of a collection?

If a collection, please forward to Animal Control a revised list including the Type and sex of each animal and photographs of any newly collected animals.

Permit Fee:

☐ \$80.00

☐ Beekeeper Permit (fee exempt under BCHD WEH Regulations Part V,G1(b))

ALL APPLICANTS PLEASE ATTACH TO THIS APPLICATION:

- An affidavit certifying that the applicant or agent of the applicant has never been convicted of animal abuse, cruelty or neglect;
- A photograph of each animal as applicable;
- A list of all animals identifying each by breed, type, age and gender as applicable;
- For beekeepers only, attach registration form for all host sites;
- *If a renter or urban agricultural enterprise*, written permission from the property owner(s) to have the animal(s) at the residence or on the property.
- A check or money order made payable to Director of Finance in the correct fee amount. You may also choose to apply in person using cash, check or money order.

THE HOLDER OF THE PERMIT SHALL COMPLY WITH THE APPROPRIATE PROVISIONS OF THE BALTIMORE CITY CODE AND THE ANNOTATED CODE OF MARYLAND AND OTHER APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS. THE PERMIT IS NON-TRANSFERABLE TO OTHER PERSONS OR LOCATIONS.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE COMPLIED WITH ALL OF THE REQUIREMENTS OF BALTIMORE CITY HEALTH DEPARTMENT "REGULATIONS FOR WILD, EXOTIC AND HYBRID ANIMALS" AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

ANIMAL CONTROL USE ONLY

PERMIT/LICENSE NO.

CONTROL NO.

TYPE OF ACTIVITY/OWNERSHIP

CODE

N/A

EXOTIC, WILD OR HYBRID ANIMAL

ANIMAL

PERMIT FEE

DATE OF ISSUE

DATE OF EXPIRATION

A-001-145-150-01-000

APPROVED BY: _____ DATE: _____



BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
OFFICE OF ANIMAL CONTROL
301 Stockholm Street
Baltimore, Maryland 21230
410-396-4688



BEEKEEPER HOST SITE REGISTRATION

Name of Applicant: _____ Date: _____

Address: _____

Telephone/Cell: _____ E-mail: _____

Address: _____

Maryland Department of Agriculture Registration No.: _____

Baltimore City Health Department Beekeeper Permit No.: _____

APPLICANT: LIST ALL CURRENT HOST SITES AND UPDATE THIS REGISTRATION AS NEW SITES ARE ADDED

Colony Site No. 1	Address: _____	
Contact Person at Site: _____		
Telephone/Cell: _____		E-mail: _____
Colony Site No. 2	Address: _____	
Contact Person at Site: _____		
Telephone/Cell: _____		E-mail: _____
Colony Site No. 3	Address: _____	
Contact Person at Site: _____		
Telephone/Cell: _____		E-mail: _____
Colony Site No. 3	Address: _____	
Contact Person at Site: _____		
Telephone/Cell: _____		E-mail: _____

(use additional forms, as necessary)

- ☐ I am willing to volunteer to collect swarms
☐ I am willing to volunteer to provide educational programs about beekeeping

I certify the above is accurate and complete. I will report any changes to the above information.

Signature

Date