CITY OF LONG BEACH
DEPARTMENT OF PARKS, RECREATION AND MARINE

7700 E. Spring St. Long Beach, CA 90815 (562) 570-7387 FAX (562) 570-3053

ANIMAL CARE SERVICES BUREAU

URBAN AGRICULTURE PERMIT APPLICATION

Name: ___________________________ Cell Phone: (_____) ______________________

Email: ___________________________ Work Phone: (_____) ______________________

Address: ___________________________ City: ___________________ ZIP: __________

Name of Business: ___________________________

Address: ___________________________ City: ___________________ ZIP: __________

Driver Lic/ID: ___________________________

Date of Birth: __________ Height: ______ Wt: ______ Hair: ______ Eyes: ______

PERMIT FEES

<table>
<thead>
<tr>
<th>CHECK ALL APPLICABLE</th>
<th>TYPE OF PERMIT</th>
<th>DESCRIPTION</th>
<th>FEE</th>
<th>PER</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.20.150</td>
<td>Urban Agriculture Fee for Goats (2)</td>
<td>Permit for residents who choose to own (2) goats. A permit for a single goat is not allowed.</td>
<td>$28</td>
<td>Annual</td>
</tr>
<tr>
<td>6.20.120</td>
<td>Urban Agriculture Fee for Chickens (5-20)</td>
<td>Permit for residents who choose to own more than 4 chickens</td>
<td>$28</td>
<td>Annual</td>
</tr>
<tr>
<td>6.24.010</td>
<td>Urban Agriculture Permit for Bee Hives</td>
<td>Permit for residents who choose to own no more than 4 beehives</td>
<td>$0</td>
<td>Annual</td>
</tr>
<tr>
<td></td>
<td>Urban Agriculture Permit Inspection</td>
<td>Fee to inspect properties applying for Urban Agriculture Permit, per hour, per officer</td>
<td>$68</td>
<td>Per hour Inspection</td>
</tr>
</tbody>
</table>

Address and location where animal(s) or Bee(s) will be kept:

Name: ___________________________ Phone: (_____) ______________________

Address: ___________________________ City: ___________________ ZIP: __________

Owner of Property: ___________________________ Phone: (_____) ______________________

Lessee of said Property: ___________________________ Phone: (_____) ______________________

Owner Email: ___________________________ Lessee Email: ___________________________
Types of Animals for which permit is sought:

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description (Breed, Age, Sex, Weight, Size/Length)</th>
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Describe the housing arrangements for the animals:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the safety precautions to be taken in the care and keep of the animal(s) or Bee(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Application for URBAN AGRICULTURE Permit  Page 2 of 3  FY 20 Updated: 10/22/19
DECLARATIONS

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT THE CITY OF LONG BEACH ANIMAL CARE SERVICES BUREAU STAFF MAY INSPECT THE PROPERTY TO ENSURE PROPER CARE OF THE ANIMALS(S) OR BEES(S) NAMED IN THE PERMIT. I UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT, VIOLATIONS, OR ISSUE OF NON-COMPLIANCE MAY CAUSE DENIAL OR REVOCATION OF THE PERMIT.

I UNDERSTAND THAT COMPLETING THE APPLICATION AND PAYMENT OF FEES DOES NOT INDICATE APPROVAL OF THE REQUESTED PERMIT

I FURTHER UNDERSTAND THAT ANY INSPECTIONS ARE SUBJECT TO A INSPECTION FEE AS DESCRIBED ABOVE

DATE: ________________  PRINT NAME: ________________________________

SIGNED:  X ________________________________

FOR ANIMAL CARE SERVICES BUREAU USE ONLY

Animal Permit Approved:  By: ________________________________
Date: ________________

Status of Other City Permits:  By: ________________________________
Date: ________________

Inspection Performed:  By: ________________________________
Required [ ]  Date: ________________

Photos attached:  [ ] YES [ ] NO

Comments: ______________________________________________
________________________________________________________
________________________________________________________