BEAUFORT COUNTY MOSQUITO CONTROL

Beehive / Organic Farm Registration

APPLICANT MUST BE THE PROPERTY OWNER (APPLICATIONS EXPIRE DECEMBER 31 OF EACH YEAR AND MUST BE RENEWED ANNUALLY)

Important Notices:

Proposed daily tre	atment areas can be found at:	Planned Spray Missions	
Name:			
Phone Number	Cell:		
Email Address:			
Contact Address		Address for "Beehive / Organic	Farm (if different)
Address:		Address:	
City:		City:	
Zip Code:		Zip Code:	
GPS Coordinates (for beehives): 32		N , -80	W
Reason for Reques	st (please indicate one)		
	Beekeeper	Organic Farm	
Please attach any	additional documents (e.g., org	anic crop certification, map of be	eehives (if necessary))
Additional Comme	ents:		
Signature:		Date:	
Please send completed forms to:		Beaufort County Mosquito Control 84 Shanklin Road Beaufort, SC 29906-8427 843-255-5800 WMSQ@bcgov.net	

rev: 31 March 2025