

Note:
All premises to be licensed must comply with
State and Municipal laws, ordinances and regulations.
Application will be considered and license issued only after municipal
health officials have inspected the facilities and approved the operation.

APPLICATION FOR A LICENSE TO OPERATE A KENNEL, PET SHOP, SHELTER OR POUND

Fee Schedule

Ten (10) Dogs or less - \$10.00

Eleven (11) Dogs or more - \$25.00

License Application for:

- Kennel
- Pet Shop
- Shelter
- Pound

Purpose of License:

- Boarding Dogs
- Buying & Selling Dogs
- Raising dogs for sale
- Breeding or stud purposes
- Dogs used for hunting
- Hobby (no sale)
- Other _____

Number of dogs to be housed at establishment _____

Name and Address of owner,
owners or corporation: _____

Trade name: _____

Establishment location: _____

N.J. Cert. Of Authority or Federal ID number: _____

Please submit

- *Proof of a current satisfactory inspection by local fire officials as per N.J.A.C. 8:23A-1.2
(your license will not be mailed without this information)*

Signature _____ Date _____

cc: Municipal License Official
Municipal Health Official
NJ State Dept of Health, Con. Health Ser. (2 copies)

Township of East Brunswick
Departments of Revenue & Health
PO Box 1081
East Brunswick, NJ 08816

PLEASE ANSWER ALL QUESTIONS

- Individual
- Partnership

- Application for a license to conduct a _____ (type of operation)
- Location of business: _____

- If a vehicle is used, describe it (year, make, model & license number) _____

- Trade name (if used) _____
- Name of owner _____
Partner (if applicable) _____
- Home address _____

- Home phone _____
- Business phone _____

Have you (and/or your partner) ever been convicted of violating any statute or ordinance having to do with the protection of public health? No. If yes, answer the following:

- | | |
|----------------------------|----------------------------|
| 1. Person Convicted _____ | 1. Person Convicted _____ |
| 2. Nature of Offense _____ | 2. Nature of Offense _____ |
| 3. Date of Offense _____ | 3. Date of Offense _____ |
| 4. Municipality _____ | 4. Municipality _____ |
| 5. Penalty _____ | 5. Penalty _____ |

Print name

Signature

Date _____