



# West Windsor Township

271 Clarksville Road, West Windsor, NJ 08550 \* Tel. (609) 799-2400 \* Fax (609) 799-2044

## KENNEL, SHELTER, & PET SHOP LICENSE APPLICATION

Establishment Name: \_\_\_\_\_

Establishment Location: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person in charge: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

State License Number (If Applicable): \_\_\_\_\_

### I. Type of License (check all that apply):

Kennel     Shelter     Pet Shop     Pound

Other Services offered:  Mobile Transport     Grooming     Training     Daycare

### II. List of Animals Cared for: \_\_\_\_\_

Capacity: # of Dogs \_\_\_\_\_ # of Cats \_\_\_\_\_ # of Other Animals \_\_\_\_\_

### III. Veterinarian Providing Oversight to Facility:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Recent Site Visit Date: \_\_\_\_\_

### IV. Fee Submitted:

- |                               |         |       |
|-------------------------------|---------|-------|
| A. Kennel                     |         |       |
| 1. Not more than ten(10) Dogs | \$25.00 | _____ |
| 2. Eleven(11) or more Dogs    | \$50.00 | _____ |
| B. Pet Shop                   | \$50.00 | _____ |
| C. Pound or Shelter           | No Fee  |       |

The undersigned agrees to operate this establishment in compliance with The New Jersey State Sanitary Code, Chapter VIII, Animal Facility Operation, NJAC 8:23A et seq., and all applicable federal, state and local regulations and requirements. I have read and fully understand the *N.J.A.C. 8:23A Prohibitions* and agree to comply with such.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| FOR OFFICE USE ONLY |          |         |       |
|---------------------|----------|---------|-------|
| License # Issued:   | Paid \$: | Check#: | Cash: |