

**YEAR** \_\_\_\_\_  
**NEW** \_\_\_ **or RENEWAL** \_\_\_

**APPLICATION – KENNEL LICENSE, SHELTER LICENSE OR POUND LICENSE**

**(PLEASE CHECK OFF ONE)**

**KENNEL** \_\_\_\_: "Kennel" means any establishment wherein or whereupon the business of boarding or selling dogs or breeding dogs for sale is carried on, except a pet shop.

**SHELTER** \_\_\_\_: "Shelter" means any establishment where dogs or other animals are received, housed and distributed.

**POUND** \_\_\_\_: "Pound" means any establishment for the confinement of dogs or other animals seized either under the provisions of N.J.S.A. 4:19-15.16 or otherwise.

**ALL LICENSES ISSUED FOR A KENNEL/SHELTER/POUND SHALL STATE THE PURPOSE FOR WHICH THE ESTABLISHMENT IS MAINTAINED AND ALL SUCH LICENSES SHALL EXPIRE ON THE LAST DAY OF JUNE EACH YEAR AND BE SUBJECT TO REVOCATION BY THE MUNICIPALITY ON RECOMMENDATIONS OF THE STATE DEPARTMENT OF HEALTH FOR FAILURE TO COMPLY WITH THE RULES AND REGULATIONS.**

**TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN IT'S ENTIRETY (Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)**

**Applicant Please Check One:**

\_\_\_\_\_ CORPORATION, \_\_\_\_\_ PARTNERSHIP, \_\_\_\_\_ LLC, or \_\_\_\_\_ SOLE PROPRIETORSHIP

**IF APPLICANT IS INCORPORATED: DATE: \_\_\_\_\_ WHAT STATE: \_\_\_\_\_**

**ATTACH: CERTIFICATE OF INCORPORATION WITH LIST OF OFFICERS, IF INCORPORATED**

NAME CORP/PARTNER/LLC/SOLE PROP.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

ADDRESS OF ESTABLISHMENT: \_\_\_\_\_

OFFICE TEL# \_\_\_\_\_ CELL# \_\_\_\_\_ FAX# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**LICENSE FEE KENNELS (ONLY): (Non-Refundable) \$10.00: 10 dogs or less \$25.00: more than 10 dogs**

**EXPIRATION DATE: JUNE 30<sup>TH</sup> of each year NO FEES: FOR SHELTER OR POUND LICENSE**

**FOR OFFICE USE ONLY:**

**FEE PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ CHECK NO. \_\_\_\_\_ CASH \_\_\_\_\_**

**NEW APPLICATIONS (Only): Planning \_\_\_\_\_ Building \_\_\_\_\_ Health \_\_\_\_\_**

**RENEWAL APPLICATIONS (Only): Health \_\_\_\_\_ COUNCIL MTG. \_\_\_\_\_**

LIST NAME, ADDRESS. & PHONE NO. OF EACH PARTNER/OFFICER (AS APPLICABLE) AND MANAGER(S)

\*\*\* LIST PRIMARY/APPLICANT CONTACT NAME FIRST \*\*\*

LAST NAME, FIRST NAME

HOME ADDRESS

HOME PHONE NO.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Maximum number of animals at facility:** \_\_\_\_\_

**Does Applicant OWN \_\_\_\_\_ or LEASE \_\_\_\_\_ property (establishment location)?**

If property is leased, is Applicant responsible for WATER/SEWER payments with the Township? Yes \_\_\_ or No \_\_\_

**LEASOR/PROPERTY OWNER INFORMATION**

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**DAYTIME TEL #:** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**NAME OF VETERINARIAN/ANIMAL HOSPITAL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**BY SIGNING THIS APPLICATION I AFFIRM THAT I HAVE READ AND UNDERSTAND ALL THE PROVISIONS OF THE CODE OF THE TOWNSHIP OF WAYNE WITH RESPECT TO MY LICENSE/PERMIT.**

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Print Name