

ROCKAWAY TOWNSHIP DIVISION OF HEALTH
65 Mount Hope Road
Rockaway, New Jersey 07866

Application for Pet Shop, Kennel, Shelter, Pound

Date: _____

License Section:

Trade Name of Firm _____

Business Address _____

Business Telephone No. _____ Fax No. _____

Type of Establishment: Pet Shop _____ Kennel _____ Shelter _____ Pound _____

Owner's Name _____

Residence Address _____ Home Tel. No. _____

**If Corporation, please list names and address of Officers:*

President	Address
Vice-President	Address
Secretary	Address
Treasurer	Address

Name/Address of Exterminating Company: _____

Phone # _____ Frequency of Service: _____

For Office Use Only

FEE REMITTED \$ _____ DATE _____ LICENSE # ISSUED _____

ISSUE DATE _____ EXPIRATION DATE _____ APPROVED BY: _____

Note: No license shall be transferable. Licenses may be suspended or revoked by the Division of Health upon violation of the purposes, intent and provisions of Chapter IX entitled Animal Control of the Rockaway Township Code, other ordinances of the Division of Health, other ordinances of the municipality, and statutory laws of the State of New Jersey as related to "Selected Laws/Regulations and Information Relating to Rabies and Control of Dogs" and any other statutory laws relating to the conduct of such business.

Operation Description:

Types of Animals on Premises # of Animals Anticipated # of Cages, Tanks, Aquarium and Pens

Dogs

Cats

Birds

Reptiles/Mammals

Fish

Other

Consulting Veterinarian:

Name: _____

Address: _____

Phone #: _____