

YEAR _____
NEW ___ or RENEWAL ___

APPLICATION - KENNEL/SHELTER/POUND LICENSE

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.

LICENSE FEE \$25.00 ANNUAL RENEWAL (Non-Refundable)

(Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)

TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN ITS ENTIRETY
Please circle one:

NAME of CORPORATION, PARTNERSHIP, LLC, or INDIVIDUAL: _____

ADDRESS (office): _____ TEL.# _____

MAILING ADDRESS: _____

TRADE NAME: _____

LOCATION: _____ TEL. # _____

FAX # _____ EMAIL ADDRESS: _____

If Corporation or LLC, please give Contact Name & Emergency Telephone Number:

Please circle one:

PARTNERSHIP, LLC or INDIVIDUAL, LIST NAME, ADDRESS & PHONE NO. OF EACH MEMBER:

NAME HOME ADDRESS HOME PHONE NO.

1. _____

2. _____

3. _____

IF APPLICANT IS INCORPORATED, STATE WHERE: _____
(STATE)

NAME HOME ADDRESS HOME PHONE NO.
PRESIDENT _____

SECRETARY

Registered Agent or person upon whom service of process is authorized to be made:

Name: _____

Address: _____

Telephone Number: _____

DO YOU: OWN _____ or LEASE _____ PROPERTY?

IF PROPERTY IS LEASED NAME OF LANDLORD, OR HOLDER OF LEASE & ADDRESS, & TELEPHONE NUMBER:

PURPOSE OF LICENSE: _____

(*must be completed by applicant)

NAME OF VETERINARIAN/ANIMAL HOSPITAL: _____

ADDRESS: _____

TELEPHONE NO: _____

NUMBER OF DOGS: _____

Applicant's Signature

Date

Print Name

FOR OFFICE USE ONLY:

FEE PAID _____ **DATE** _____ **HEALTH DEPT.** _____ **ZONING DEPT.** _____ **COUNCIL** _____