(Governed by Chapter 68)

TOWNSHIP OF WAYNE

CLERK'S OFFICE
475 VALLEY ROAD
WAYNE, NJ 07470

YEAR_____

NEW___ **or RENEWAL**___

APPLICATION – PET SHOP LICENSE

ALL LICENSES ISSUED FOR A PET SHOP 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 $100.00 (Non-Refundable) **LICENSE EXPIRES JUNE 30TH OF EACH YEAR**

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)

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:_____
TYPE OF PETS: (NUMBER)
_____DOGS_____BIRDS_____REPTILES_____HAMSTERS
_____CATS_____FISH_____MICE/RATS____OTHER (please specify)_____

_____
Applicant's Signature ***Date***

_____
Print Name

FOR OFFICE USE ONLY:
FEE PAID_____DATE_____HD___ ZD.___COUNCIL_____