

**APPLICATION FOR A LICENSE  
TO OPERATE A KENNEL, PET SHOP,  
SHELTER OR POUND**

**(4 copies MUST be filed with the Municipal Clerk)**

All premises to be licensed must comply with State and municipal laws, ordinances and regulations. Applications will be considered and licenses issued only after municipal health officials have inspected the facilities and approved the operation.

**FEE SCHEDULE**

Pet Shop = \$10.00  
Shelter or Pound = no fee

Kennel = 10 dogs or less = \$10.00  
11 dogs or more = \$25.00

LICENSE APPLICATION FOR:

KENNEL      PET SHOP      SHELTER      POUND

Name and Mailing Address of Owner, Owners or Corporation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Telephone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If Owner is a Corporation, Give Name and Address of Registered Agent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

New Jersey Certification of Authority or Federal I.D. Number: \_\_\_\_\_

**SKETCH:**

Show size of lot, easement, location of present existing and proposed kennel, pet shop, shelter, or pound buildings. Also show location of existing and adjacent sewage devices or sub-surface drains, streams, brooks, wells or water ways.

**PURPOSE OF LICENSE:**

\_\_\_ Boarding of Dogs

\_\_\_ Buying and Selling of Dogs

\_\_\_ Raising Dogs for Sale

\_\_\_ Hobby (NO SALES)

\_\_\_ Breeding or Stud Purposes

\_\_\_ Dogs used for Hunting

Number of Dogs to be Housed at Establishment: \_\_\_\_\_

Other Animals to be housed at establishment (Give numbers for each kind):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Title: \_\_\_\_\_

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**FOR OFFICIAL USE BY EAST WINDSOR TOWNSHIP ONLY:**

Date Application Filed: \_\_\_\_\_

**HEALTH DEPARTMENT INSPECTION BY:** \_\_\_\_\_

Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**POLICE RECOMMENDATION:** Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Chief of Police Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number Issued: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution: Municipal Clerk's Office (x1)  
Municipal Health Department (x1)  
New Jersey Department of Health, Consumer Health Services (x2)