



ANIMAL HOLDING FACILITY LICENSE

Pursuant to N.J.S.A. 4:19-15.8, license for kennels, pet shops, shelters and pounds expire June 30th of each year.

Fee: \$40.00 Ten (10) animals or more \$25.00 Less than ten (10) animals

License for the period July 1, _____ to June 30, _____

Application for License to Operate:

_____ Kennel _____ Shelter _____ Pound _____ Pet Shop _____ Other: _____

Business Name: _____

Business Address: _____

Business Email Address: _____

Business Phone: _____ **Other:** _____

Indicate Purpose of Establishment (i.e. boarding, etc.): _____

Veterinarian Information:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

UTILITIES: Municipal Water ____ Municipal Sewer: ____ Well Water ____ Septic System ____

NEW APPLICATION ONLY: Please submit the following:

- 1) A diagram of your facility, including a floor plan of all structures and dimensions of all outdoor/indoor animal runs. This diagram should also include well and septic location where applicable.
- 2) A disease control plan, including a detailed description of how sick, injured and diseased animals are to be handled.
- 3) Proof that the facility is permitted use in the zone and complies with the applicable zoning requirements.

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CERTIFICATION:

I certify that I have personally examined and am familiar with all the information contained in this license application including any attachments. I further certify that if any of the information or statements that I have supplied are willfully false, inaccurate, or incomplete that I am subject to the revocation of license.

I, the undersigned, agree to operate said establishment in accordance with the provisions of N.J.S.A. 4:19-1, et seq., N.J.S.A. 4:19A-1, et seq., and N.J.S.A. 8:23A-1, et seq. and understand that violations of the above constitutes grounds for revocation.

Signature of Owner/Manager: _____

Title: _____ Date: _____

**Please make check or money order payable to ROCKAWAY BOROUGH and mail to:
ROCKAWAY BOROUGH
1 EAST MAIN STREET
ROCKAWAY, NJ 07866**

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FOR AGENCY USE ONLY

Amount Received: _____ Check# _____ Cash _____

Date: _____ License Number: _____