Westfield Regional Health Department
425 East Broad Street
Westfield, New Jersey 07090
(908) 789-4070, Fax (908) 789-4076
Website: westfieldnj.gov/health

Kennel License Application and/or Renewal 2

License Fee - $50.00

Business Owner:

- **Please be advised that licenses EXPIRE annually on June 30th. The license period runs from June 1st - June 30th the following year.**
- It is the responsibility of each business owner to be aware of the license requirements and follow up accordingly**.**
- **All licenses must be renewed prior to July 31st of the applicable licensing year.**
- **A late fee of $50.00 per month shall be assessed for each month, or portion thereof, that a license is renewed after July 31st.**
- **If email is preferred, please email to lkozar@westfieldnj.gov**

Establishment Name: _____
Address: _____
Telephone #: _____ Fax #: _____
Email Address: _____

Owner Name: _____
Address: _____
Telephone #: (Home) _____ (Cell): _____
Email Address: _____

It is understood that such license is non-transferable, non-refundable and is granted for the period designated on the license. Furthermore, the license may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey.

Applicant Signature: _____ Date: _____

PLEASE TURN OVER TO CONTINUE TO SECOND PAGE

OFFICE USE ONLY

Signature of Inspector/Reviewed and Approved by: _____

Fee: _____ **Late fee:** _____ **Cash/Check #** _____ **License #**_____ **Date issued:** _____

Comments: _____

VITAL INFORMATION SURVEY

Name, Address & Telephone # of the following service providers (If applicable)**:**

Exterminator: _____