# TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-5888


## APPLICATION TO OPERATE A KENNEL, PET SHOP, SHELTER OR POUND

All premises to be licensed must comply with State and Municipal laws, ordinances and regulations.
**Floor plans must be submitted, reviewed and approved by the Health Official prior to inspection**.
A satisfactory inspection is required before establishment can be issued a license to operate.

NJ Certificate of Authority or FEIN: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

TRADE NAME: _____

STREET ADDRESS (where establishment is located or proposed location):

_____

HOURS OF OPERATION: _____

IF INCORPORATED, list names of all corporate officers, titles and authority:

_____

_____

TELEPHONE: (  ) _____ EMAIL ADDRESS: _____

PURPOSE OF LICENSE: ☐ Kennel ☐ Pet Shop ☐ Shelter ☐ Pound

Number of dogs to be housed at establishment AND Maximum Allowed: _____

SKETCH / GENERAL DESCRIPTION: Show size of lot, easements, layout of establishment, including where animals are kept, isolation room and other relevant details (sinks, bathroom, etc.). Provide general descriptions of premises.

SIGNATURE: _____ DATE: _____

*Your application will not be processed until payment is received.*
Return completed application, documentation, & **$100** check (payable to "***Township of Berkeley Heights***") to:

**Board of Health**
**Township of Berkeley Heights**
**29 Park Avenue**
**Berkeley Heights, NJ 07922**

***FOR OFFICIAL USE:***

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**HEALTH DEPARTMENT:**

I Recommend: (  ) Approval (  ) Disapproval

- ☐ Payment Received _____
  - Amount $ _____
  - Check # _____

_____
Health Officer