



TOWNSHIP OF SOUTHAMPTON

5 RETREAT ROAD
SOUTHAMPTON, NJ 08088
(609) 859-2736

Year _____

Resolution # _____

Application for Kennel, Pet Shop, Pet Shelter, Pound or Petting Zoo License

Application for _____	(Check as appropriate)	Annual Fee	
		<input type="checkbox"/> Kennel (11 dogs or more)	\$25.00
		<input type="checkbox"/> Kennel (10 dogs or less)	\$10.00
		<input type="checkbox"/> Pet Shop	\$10.00
		<input type="checkbox"/> Petting Zoo	\$10.00
		<input type="checkbox"/> Pound	No Fee
		<input type="checkbox"/> Pet Shelter	No Fee

Name: _____

Address _____

City: _____ State/Zip _____

Block: _____ Lot _____

Telephone _____ Cell Phone _____

Trade or Business Name _____

Address of Licensed Premises _____

City: _____ State/Zip _____

Email: _____

Licensee agrees to comply with the State Law, N.J.S.A. 4:19-15.1 et. seq. and Health Regulations, N.J.A.C. 8:23-3.1 et. seq., as well as all Township Ordinances. Inspections will be conducted of the Licensed premises by the Burlington County Health Department, Agent of Southampton Township, upon new application, renewal application or as required to ensure compliance with the law. Inspections may also be conducted by the Township Zoning and Construction Code Official, as may be required.

Before any license can be issued, your premises must be inspected by the Burlington County Board of Health, who may be contacted at (609) 265-5528. Proof of inspection must be submitted to Southampton Township and does not infer automatic approval by the township.

Enclosed Application fee: _____ Date Fee Received: _____

I understand if a license is issued, it will expire on June 30, of each year.

Sworn to and subscribed before me this _____ day of _____

Applicant's Signature

Notary Public

Title

(Seal of Notary)

Official Use Only

Inspections:

Date: _____

Municipal

County Bd of Health

Twp. Committee Recommendations _____

Date: _____

Date: _____

Initials _____