TOWNSHIP OF SOUTHAMPTON

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

LICENSE FOR PIG ESTABLISHMENTS

Ordinance Number 18.1

Application for Establishment Name: _____

Name: _____
First Middle Last

Address _____

City: _____ State/Zip _____

Telephone_____ Cell Phone _____

Email: _____

Address where license would be applied: _____

City: _____ State/Zip _____

Block: _____ Lot_____Number of Pigs:_____

Purpose: _____

_____

Applicant agrees to abide by any conditions the Township Committee considers necessary to preserve the Public Health, Safety and Welfare of the residents of Southampton Township.

Application fee: _____ Date Fee Received: _____

Type of payment (check #): _____ (cash) _____

I understand if a license is issued, it will expire on December 31st of this year.

Signature: _____

Title: Date: _____