



TOWNSHIP OF MANTUA

Gloucester County, New Jersey

401 MAIN STREET
MANTUA, NJ 08051
(856) 468-1500
Fax (856) 464-1022

PET KENNEL LICENSE APPLICATION

1. NAME _____
2. ADDRESS _____
3. TELEPHONE NUMBER _____
4. TAX ID. NUMBER OR SOCIAL SECURITY NUMBER _____
5. LOCATION OF PROPOSED KENNEL OPERATION
 - A. STREET ADDRESS _____
 - B. TAX BLOCK/LOT _____
6. OWNER OF PROPERTY (if applicant is not the owner of the property, please list the name and address of the titled owner)

7. Please identify the person or persons who are responsible for compliance with N. J. A. C. 8:23-3.1 et seq.

8. Does the undersigned have a record of all animals received and / or disposed of within the last Twelve months, as required by N. J. A. C. 8:23-3.12? YES or NO
9. Please attach a plan showing all indoor and outdoor housing facilities.

10. Please list the name and address of the Doctor of Veterinary Medicine who supervises and assists the kennel's program of disease control and adequate health care.

Name _____

Address _____

Phone _____

11. If this kennel operation has been previously licensed, please attach a copy of the most recent license issued for this operation.
12. Has the applicant ever been convicted of an charges alleging the violation of N. J. A. C. 8:23-3.1 et seq. Or alleging inhumane treatment to animals? If yes, please list the name of the court, date of the offense, and the date of the conviction for each such conviction.

The undersigned hereby certifies that the foregoing statements by me are true. I understand that if any of the foregoing statements are willfully false, that I am subject to punishment.

Date _____

Signature of Applicant