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**ANIMAL HOSPITALS, KENNELS, POUNDS, SHELTERS, PET SHOPS  
ANNUAL PERMIT APPLICATION**

Please make check payable to: Borough of New Providence

\*A late fee of \$53.00 per month will be charged if not paid by January 31, 2026\*

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Please print clearly and complete both pages in its entirety.

**Type of Establishment :**

☐ Animal Hospital \$55.00    ☐ Kennel (10 dogs or less) \$10.00    ☐ Kennel (more than 10 dogs)  
\$25.00

☐ Pet Shop \$10.00    ☐ Shelter or Pound (no fee)

Name of Establishment:

Address:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Owner : \_\_\_\_\_

Home Address:

City / State / Zip:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email:

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*All Permits expire December 31<sup>st</sup> of the licensing year\*

2026