

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

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 31st of the licensing year

2026