



Town of Kearny

Department of Public Health • Walter J. Nicol Health Center

645 Kearny Avenue, Kearny, NJ 07032

Phone: 201-997-0600 • Fax: 201-997-9703

www.kearnynj.org

ANIMAL FACILITY LICENSE APPLICATION

Application Type: Initial Renewal
 Kennel (\$100) Pet Shop (\$50) Pound (\$100) Shelter (\$100)

THE HEALTH AUTHORITY SHALL REVIEW ALL APPLICATIONS AND ATTACHED DOCUMENTS WITHIN 30 DAYS AFTER SUBMISSION DATE. PLEASE BE ADVISED THAT ALL ANIMAL FACILITY LICENSES ANNUALLY EXPIRE ON MAY 31ST. APPROVAL FROM OTHER REGULATORY AGENCIES MAY BE REQUIRED PRIOR TO INITIAL OPERATION OF YOUR ESTABLISHMENT. FURTHER DOCUMENTATION MAY BE REQUIRED BEFORE OBTAINING HEALTH DEPARTMENT APPROVAL. NO PET STORE SHALL SELL, DELIVER, OFFER FOR SALE, BARTER, AUCTION, GIVE AWAY, OR OTHERWISE TRANSFER OR DISPOSE OF CATS OR DOGS AS PER KEARNY MUNICIPAL CODE 9-13.2, BUT NOTHING SHALL PROHIBIT PET STORES FROM COLLABORATING WITH ANIMAL CARE FACILITIES, ANIMAL RESCUE ORGANIZATIONS OR REPUTABLE HOBBY BREEDERS TO OFFER SPACE FOR SUCH ENTITIES TO SHOWCASE ADOPTABLE DOGS AND CATS. THIS SHALL NOT APPLY TO ANY PET STORE LAWFULLY EXISTING IN THE TOWN OF KEARNY PRIOR TO THE EFFECTIVE DATE OF ORDINANCE NO. 2017-57, PROVIDED THAT SUCH PET STORE CONTINUES TO BE AT ALL TIMES COMPLIANT WITH ALL LAWS. AN UPDATED COPY OF THE VETERINARY SUPERVISION CERTIFICATION SHALL BE ATTACHED TO THIS APPLICATION AND IT SHALL BE CONSPICUOUSLY POSTED AT THE FACILITY AS PER N.J.A.C. 8:23A-1.9(a).

Establishment's Name and Address: _____

Phone #: _____ Email: _____ Fax: _____

Operator's Name and Address: _____

Phone #: _____ Email: _____ Fax: _____

Mailing Address (if applicable): _____

It is understood that such license is non-transferable, non-refundable, and is granted for the period designated on the license. Furthermore, the license may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey. I attest that all of the information furnished in this Application is true.

Applicant's Name (Print): _____ Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Approving Health Inspector's Initials: _____ Date: _____ Fee: _____ Cash/Check #: _____
License #: _____ Issue Date: _____ Expiration Date: _____ Comments: _____