



CITY CLERK'S OFFICE
CITY OF ENGLEWOOD
2-10 North Van Brunt Street
Englewood, NJ 07631
Phone: (201) 510 – 8212
Fax: (201) 567- 4395
Email: ywazirmas@cityofenglewood.org

Date Filed: _____
License Fee: **50.00 (191-2)**
License No. _____
Granted: _____

KENNEL OR PET SHOP LICENSE

City Code Chapter 106 Article I

CHECK ONE New () Renewal ()

Home Phone # _____
Bus. Tel. # _____

1. Name and address of applicant: _____

2. Address of Establishment to be licensed: _____
3. Trade or store Name, if any: _____
4. Owner's Name, if Individual: _____
5. Date & Place of Birth-Applicant/Owner: _____
6. Driver's License #: _____ Expiration Date: _____
7. How many employees (total # on payroll): _____
8. Have you ever been convicted of a crime?: _____ If "YES" give full particulars : _____

I fully realized that I must comply with all the rules, regulations and ordinances of the City of Englewood.

This license is not transferable

Date: _____ Signature of Applicant/Owner : _____

DO NOT WRITE BELOW THIS LINE

APPROVED () DISAPPROVED () DATE: _____ POLICE CHIEF _____

APPROVED () DISAPPROVED () DATE: _____ HEALTH DEPT. _____

APPROVED () DISAPPROVED () DATE: _____ BUILDING DEPT. _____

APPROVED () DISAPPROVED () DATE: _____ FIRE DEPT. _____