



Somerset County Department of Health
 27 Warren Street, Somerville, NJ 08876
 P.O. Box 3000
 Phone (908) 231-7155 | Fax (908) 704-8042



Pet Shop Establishment Application

Please make all checks payable to North Plainfield Borough ATTN: Health Office and mail to: 263 Somerset St, North Plainfield, NJ 07060.

Please see below for annual fee amount.

New Application

Renewal

Establishment Information

Establishment Trade Name: _____

Date: _____

Address: _____

Phone #: _____

Fax #: _____

Director / Person-In-Charge: _____

Hours of Operation: _____

Square Footage of Establishment: _____

of Employees: _____

Emergency Phone #: _____

Garbage Hauler: _____

Phone #: _____

Exterminator: _____

Phone #: _____

Veterinarian: _____

Phone #: _____

For Official Use Only

License #: _____

Check #: _____

Fee Submitted: _____

Owner Information and Mailing Address

Business Owner Name: _____

Address: _____

Email Address: _____

Mail license to:

- Establishment
- Owner (Please choose preferred address)

Fee:

Annual fee – \$100

I, _____, hereby apply for a license to operate a pet shop establishment and agree to comply with, and abide by, all the provisions of N.J.A.C. 8:23A of the New Jersey Sanitary Code and all local codes regulating per shop establishment. I further understand that this license is not transferable and may be revoked upon violation of these orders.

Signature: _____