

SOUTH PLAINFIELD HEALTH DEPARTMENT
2480 Plainfield Avenue, South Plainfield, NJ 07080

ANIMAL LICENSE APPLICATION

OWNER NAME: _____

OWNER ADDRESS: _____

TELEPHONE NUMBER: _____

MANDATORY EMAIL: _____

FAX NUMBER: _____

TYPE AND NUMBER OF ANIMALS: _____

NON-REFUNDABLE APPLICATION FEE

<u>ANIMAL LICENSE TYPES</u>		<u>AMOUNT</u>
SMALL ANIMAL (Not dogs/cats)	\$ 75.00	_____
LARGE ANIMAL (Not dogs/cats)	\$ 75.00	_____
POULTRY – Chickens- Not more than 25 chickens for every 2 acres of property	\$ 75.00	_____
POULTRY- COMMERCIAL ESTABLISHMENT	\$250.00	_____
PIGEONS – Up to 3 birds	\$100.00	_____
OPERATE A PIGEON LOFT-Over 3 birds and not more than 25 for every 2 acres of property	\$150.00	_____
LATE PENALTY	\$50.00 PER MONTH AFTER MARCH 31ST	_____
	TOTAL AMOUNT:	_____

NOTE: Application is to be completed and returned with a check payable to the “South Plainfield Health Department” by March 31st otherwise a \$50.00 PER MONTH late fee will be incurred.

FOR OFFICE USE ONLY:

LICENSE # _____ DATE ISSUED: _____

METHOD OF PAYMENT: CASH \$ _____ CHECK \$ _____ CHECK NUMBER _____