

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

ANIMAL LICENSE APPLICATION

OWNER NAME: _____

OWNER ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

TYPE AND NUMBER OF ANIMALS _____

FEE SCHEDULE

<u>ANIMAL LICENSE TYPES</u>		<u>AMOUNT</u>
SMALL ANIMAL	<i>SIXTY DOLLARS (\$60)</i>	_____
LARGE ANIMAL	<i>SIXTY DOLLARS (\$60)</i>	_____
POULTRY	<i>SIXTY DOLLARS (\$60)</i>	_____
PIGEONS	<i>ONE HUNDRED DOLLARS (\$100)</i>	_____

TOTAL AMOUNT: _____

NOTE: APPLICATION IS TO BE COMPLETED AND RETURNED WITH A CHECK PRIOR
TO *MARCH 31ST* OF THE YEAR IN WHICH THE LICENSE IS ISSUED.

FOR OFFICE USE ONLY.

LICENSE # _____ DATE ISSUED: _____

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