



Office of the Township Clerk | Township of Montclair  
205 Claremont Avenue | Montclair, New Jersey 07042  
Telephone: 973-509-4900 | Fax: 973-509-0874  
Email: licenses@montclairnjusa.org

## APPLICATION FOR KENNEL LICENSE

Any person who keeps or operates or proposes to establish a kennel shall apply to the Township Clerk for a license entitling him or her to keep or operate such establishment. All licenses issued for a kennel shall expire on the last day of January of each year and shall be subject to revocation by the Township on recommendation of the State Department of Health or of the Township Department of Health for failure to comply with the rules and regulations of the State Department or of the Township Department of Health governing them. No license shall be revoked unless the owner has been afforded a hearing by the State Department or by the Health Officer of the Township.

No person holding such license shall be required to secure individual licenses for dogs owned by him or her and kept at such establishment. Such license shall not be transferable to another owner or different premises. No dog kept in a kennel shall be permitted off such premises except on a leash or in a crate or under other safe control.

### KENNEL

Any establishment wherein or whereon the business of boarding dogs is carried on.

#### §82-11. Fees for kennels.

The annual license fee for a kennel providing accommodations for 10 or fewer dogs shall be \$10.00, and for more than 10 dogs, \$25.00.



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**APPLICATION FOR KENNEL LICENSE**

**SECTION 1. APPLICANT INFORMATION**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SECTION 2. BUSINESS INFORMATION**

Number of Dogs: [ ] Less than 10 or [ ] More than 10  
 Business Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SECTION 3. LOCATION INFORMATION**

*Written approval of the Health Officer of the Township, showing compliance with the local and state rules and regulations governing location of and sanitation at the proposed establishment is required*

Proposed Location: \_\_\_\_\_  
 Is the applicant the owner of the above listed property? [ ] Yes (If Yes, skip to Section 4) [ ] No  
 Property Owner (if not applicant): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SECTION 4. AGREEMENT**

I am the applicant listed in Section 1 of this application. Applicant agrees to abide by all the requirements of Montclair Code Chapter 82, Animals and any amendments thereof and supplements thereto.

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE \*\*\***

	APPROVED	SIGNATURE (include name if designee)	DATE	COMMENTS
Township Clerk or designee	[ ] Yes [ ] No			
Staff member issuing license		License No.	Issue Date	Distribution (copy of license) [ ] Health Department
				Staff initials