STATE OF NEW HAMPSHIRE
DEPARTMENT OF AGRICULTURE, MARKETS & FOOD
DIVISION OF ANIMAL INDUSTRY
603-271-2404

Application for Animal Shelter Facility License

Please Submit Proof of Non-profit Status and Municipal Zoning Conformity Form

The undersigned hereby applies for a license as an animal shelter facility at the following described premises, in accordance with the provisions of RSA 437.

ANNUAL FEE: $200.00 per each premise. (Fiscal Year July 1, _____to June 30, _____.)
Any animal shelter facility applying for a license after January 1, and before June 30 of the current fiscal year, the license fee shall be $100.00.

Premises to be licensed: _____
Organization/Individual

_____NH_____
Physical Address of Facility City or Town Zip

Telephone: _____ E-mail address: _____

Shelter hours: _____

Proof of Zoning Provided? Yes ___ No ___ Is there a microchip reader available? Yes___ No ___

Veterinarian of Record: _____
Name Address

Health & Sanitation Standards available? Yes ___ No ___

List the Transporter(s) used:_____

At any time have you been convicted of animal welfare violations in any state? Yes ___ No____

If yes, explain: _____

Submitted by: _____
Individual, Firm or Corporate Name

_____
Mailing Address City/Town State Zip

Signature of Owner or Authorized Agent: _____
(Please also print name if signature is illegible)

_____
Title Telephone (If different from above)

Make checks payable to: Treasurer, State of New Hampshire
License fee is non-refundable

Mail application and fee to: Division of Animal Industry
P. O. Box 2042
Concord, NH 03302-2042

Revised 10/14