Application to License Pet Vendors

This application is provided for your convenience. It does not establish application requirements other than those set in statute. *Applications will still be considered if they are missing phone and/or email information. The undersigned hereby applies for a license as a pet vendor, in accordance with the provisions of RSA 437, for the period ending June 30, __________.

**ANNUAL FEE:** $200.00 per each premise. (Fiscal Year July 1, __________ to June 30, __________.)

All applicants must complete Section A.
If you are applying for licensing as an animal shelter as defined in RSA 437:1, I, ________, complete Section B.
If you are applying for licensing without a premise in New Hampshire, complete Section C.

**SECTION A**
Name of Entity applying for license: __________________________________________________________

<table>
<thead>
<tr>
<th>Physical Address of Premise to be licensed per RSA 437:1</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Telephone*: __________________________ E-mail address*: ________________________________

Applicants without a physical premise in New Hampshire, skip to Section C.

List reasonable hours as required by RSA 437:3, and Agr 1700: ______________________________

Veterinarian of Record: _________________________________________________________________

Attach program of disease control & prevention per RSA Agr 1704.05(e)
First time applicants must attach proof of local zoning approval per RSA 437:3.

**SECTION B**
Is a microchip reader available on premises per RSA 437:8, V, (a)? Yes ___ No ____

**SECTION C**
Are you licensed with USDA Animal Care to transport live animals? Yes ____ No ____

Where will animals be quarantined per RSA 437:8, IV.? ______________________________________

**ALL APPLICANTS:**
Submitted By: ____________________________________________________________

<table>
<thead>
<tr>
<th>Individual, firm or Corporate Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Signature of Owner or Authorized Agent: __________________________________________

(Please also print name if signature is illegible)

<table>
<thead>
<tr>
<th>Title</th>
<th>Telephone (If different from above)</th>
</tr>
</thead>
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Revised 5/2020