



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 you applying for licensing without a premise in New Hampshire, complete Section C.

SECTION A

Name of Entity applying for license: _____

Physical Address of Premise to be licensed per RSA 437:1	City/Town State	Zip
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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: _____

Individual, firm or Corporate Name

Mailing Address	City/Town	State	Zip
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Signature of Owner or Authorized Agent: _____

(Please also print name if signature is illegible)

Title	Telephone (If different from above)
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