



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



Application for Animal Shelter Facility License

First Time Applicants Please Submit Proof of Non-profit Status

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, for the period ending June 30, _____.

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

Any new animal shelter facility applying for a license after January 1, and before June 30, 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: _____

Is shelter operated in the home? Yes ___ No ___

Is there a microchip reader available? Yes ___ No ___

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