

Borough of Franklin Lakes
Board of Health
480 DeKorte Drive
Franklin Lakes, NJ 07417
201-891-0048, Extension 5
Fax No. 201-891-0101

Application for a Kennel License

Business name _____

Address _____

Telephone number _____

Owner's name _____

Address _____

Telephone number _____

If incorporated or partnership, please list the owner(s), address(es) and telephone number(s) _____

List the maximum number of dogs that you will be keeping/boarding at one time during the year _____

The annual license fees for a kennel are as follows:

10 animals or fewer: \$10.00

11 animals or more: \$25.00

Please note that the Franklin Lakes Health Department must be notified of all changes in the above stated information.

Signature of applicant _____

Date _____

Signature of Zoning Official _____

Date _____