

LYNDHURST HEALTH DEPARTMENT
253 Stuyvesant Avenue
LYNDHURST, NEW JERSEY 07071
201-804-2500

2016 LICENSING APPLICATION

Pet Grooming

Name of Establishment: _____
Address of Establishment: _____
Phone Number: _____

Name of Owner: _____
Address of Owner: _____
Telephone # of Owner: _____

Type of License (Please check one)

Pet Grooming

Fee: \$ 200.00

Ordinance 9-7.4 for the Township of Lyndhurst states that all personal service establishments must be licensed every January. Annual fees are hereby fixed as above.

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License # 2016 _____

Amount Enclosed: _____

Method of Payment: Cash

Check

Money Order