

PALISADES PARK HEALTH DEPARTMENT

275 BROAD AVENUE

PALISADES PARKN, NJ 07650

TEL: (201) 585-4105 FAX: (201) 944-6748

COSMETOLOGY & HAIRSTYLING LICENSE APPLICATION

(Barbershop, hair salon, Manicuring/Nail salon, Skin Care/Facial shop and Beauty Parlor Businesses)

January 1, 2021 - December 31, 2021

NOTE: Late Fees on or after February 1st (ALL ESTABLISHMENTS) DOUBLE

New:

Renewal:

SECTION 1:

Legal Establishment/Corporation Name: _____

Corporations: *List principals' (corporate offices and principal agent)*

Establishment Trade Name: _____

Establishment Address: _____

Establishment Telephone #: _____ Fax: _____ Email: _____

SECTION 2:

Owner's Name: _____

Owner's Address: _____

Owner's Contact Number: _____

SECTION 3:

Cosmetology Shop License Number: _____ Date Issued: _____ Exp. Date: _____

****Copy of Shop License must be provided with this application.**

SECTION 4:

Name of Experienced Licensee-in-charge: _____ License#: _____

*List all licensed employees in the establishment:

	NAME:	LICENSE NUMBER:	EXPIRATION DATE:
1.			
2.			
3.			
4.			
5.			

SECTION 5:

Cosmetology Shop.....Fee: \$200.00

- Acceptable form of payment: Certified check, or money order.

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- o Make checks payable to: **Palisades Park Health Department**

-I certify that the information provided on this form is true and complete to the best of my knowledge and further acknowledge that if the above information is willfully false, I am subject to punishment and/or disciplinary sanction provided by law.

-Responsibilities of a licensee. The licensee/shop license holder shall be responsible for compliance with all laws and rules relating to the operation of the premises at which cosmetology and hairstyling, beauty culture, barbering, manicuring, or skincare specialty services are rendered and all laws and rules relating to the practice and actions of such services including the Cosmetology and Hairstyling Act of 1984, N.J.S.A. 45:5B-1 et seq.; the rules of the New Jersey State Board of Cosmetology and Hairstyling, N.J.A.C. 13:28; the Uniform Enforcement Act, N.J.S.A. 45:1-7.1, 7.2, 7.3, and 14 et seq.; and the uniform rules of the Division of Consumer Affairs, N.J.A.C. 13:45C.

Signature of Owner: _____ **Print Name:** _____ **Date:** _____

FOR HEALTH DEPARTMENT USE ONLY-----

Date Received: ____/____/20____ License Number: _____ Approved By: _____

Date Issued: ____/____/20____ Cash/Check #: _____ Classification: _____