



CITY OF ELIZABETH, NEW JERSEY
DEPARTMENT OF PLANNING and COMMUNITY DEVELOPMENT
CENTRAL LICENSE BUREAU, Room 101
 50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462
 Phone: (908) 820-4182 or 4187
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EDUARDO J. RODRIGUEZ
Director

MARIA Z. CARVALHO
Executive Assistant

J. CHRISTIAN BOLLWAGE
Mayor

APPLICATION FOR BARBERSHOP, BEAUTY, OR BRAIDING SALON LICENSE

October 1, 20 _____ thru September 30, 20 _____

Date: _____

NEW: _____

FEE: \$175

RENEWAL: _____

Hours of Operation: from _____ to _____

If Hours of Operation Beyond 10:00 P.M.:

Pay Additional \$50 _____

If Massage Services Provided:

Pay Additional \$50 _____

If Nail Services Provided:

Please Go to Health Department

OWNER'S NAME: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Owner's Phone #(s): _____ Owner's E-mail: _____

BUSINESS NAME: _____

Business Tax I.D. #/ Social Security #: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number(s): _____

Business Web Page (if any): _____

Manager Name: _____

Manager Telephone Number(s): _____

Shop or Salon Owner:

Please provide the **New Jersey State Board of Cosmetology and Hairstyling License** for your Shop to the person accepting this application.

*** If this application is for a NEW SHOP, you must present proof of the Shop Inspection Report from the New Jersey State Board of Cosmetology and Hairstyling.**

**** If this application is for a NEW SHOP, you must present a Zoning Approval Letter from the Construction Bureau of the City of Elizabeth. You can apply online for Zoning Review at www.Elizabethnj.org**

For Office Use Only

NJ State Board of Cosmetology and Hairstyling License/Certification #: _____

Received by: _____ Date: _____

APPLICATION FOR BARBERSHOP, BEAUTY, OR BRAIDING SALON LICENSE – PAGE 2

Please provide the name, title/duties and photo ID for **ALL** persons employed by you at this location. Please provide the **New Jersey State Board of Cosmetology and Hairstyling License** or Certification if applicable.

| Name | Title/Duties | License/Certification |
|-------------|---------------------|------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(If more space is needed, please use the back of this application)

If any person is found to be working in my Shop and I have not provided their information above, my Shop will be closed.

I understand and agree to comply

Signature of Applicant: _____

Printed Name: _____

For Office Use Only

Central License Inspection. Inspector Name: _____

Date of Inspection: _____ PASS: _____ FAIL: _____

I, (print name) _____, certify that the foregoing statements made by me in this application are true. I am aware that if the foregoing statements made by me are willfully false, this application will be invalidated; I will lose my rights to obtain a Barbershop, Beauty Shop, or Braiding Shop License, and I am subject to punishment under the law.

Signature of Applicant

STATE OF NEW JERSEY

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COUNTY OF UNION

Sworn and subscribed to before me

this _____ day of _____, 20_____.

Notary Public