

CARLSTADT BOARD OF HEALTH

500 Madison Street

Carlstadt, NJ 07072

201-531-7182

201-939-6945

**PERSONAL GROOMING ESTABLISHMENT APPLICATION 2015**

Name of the Establishment: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Owner's Name: (Print) \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Services Provided by the Establishment: Hair Care: \_\_\_\_\_ Nail Care: \_\_\_\_\_ Facials: \_\_\_\_\_  
Body Waxing: \_\_\_\_\_ Other, Specify \_\_\_\_\_

**The annual license fee is based upon the number of personal grooming stations in regular use: 4 or fewer, \$50.00, 5 to 10 \$100.00, 11 to 15 \$150.00 or more than 15 \$200.00 (The number of stations and the estimated fee will be subject to review and adjustment by the Health Inspector upon inspection.)**

Number of Stations: \_\_\_\_\_ Estimated Total License Fee: \$ \_\_\_\_\_

**(I), (We), the undersigned owner, do hereby apply for a license for operation and maintenance of Personal Grooming Establishment in the Borough of Carlstadt, NJ for the period ending December 31, 2014.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Health Department use only**

Date Paid: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ License: \_\_\_\_\_