CARLSTADT BOARD OF HEALTH
500 Madison Street
Carlstadt, NJ 07072
201-531-7182
201-939-6945

HEALTH SPA/TANNING SALON 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: Health Spa:_____ Tanning:_____
Other, Specify_____
_____

(I), (We), the undersigned owner, do hereby apply for a license for operation and maintenance of Health Spa/Tanning Salon 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: $250.00** **License:_____**