

**TOWNSHIP OF ROCHELLE PARK
BOARD OF HEALTH
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
PHONE: 201-587-7730 FAX: 201-556-0523**

BARBER SHOP, HAIR/NAIL SALON LICENSE APPLICATION

Please check one: New application:_____ Renewal:_____ Fee
\$ _____

Business name: _____

Address: _____

Telephone # _____ Fax # _____

Owner's name: _____

Owner's address: _____

Telephone # _____

Type of ownership: Individual _____ Partnership _____ Corporation _____

Corporation name: (if applicable) _____

Number of employees: _____

How many stations: Hair _____
 Nail _____
 Sinks _____
 Other _____

Signature: _____ Date: _____

For Health Department use

Approved _____ Disapproved _____ Date _____ License # _____ Fee paid \$ _____