



200 South Street,
P.O. Box 914
Morristown, NJ
07963-0914

Health Division

Main Office (973) 796-1975
Health Officer (973) 796-1993
Health Inspectors (973) 292-6713
(REHS) (973) 796-1804
Nurse (973) 292-6702
Animal Control (973) 292-6731
Fax (973) 292-6730

BEAUTY, BARBER & NAIL SALONS APPLICATION

Please complete all fields. A copy of your driver's license or a government-issued photo ID must be submitted with this license application.

Section 1: Establishment Information

Application for (check one): Initial License Renewal of Existing License

Initial applications only: provide a copy of business registration certificate at the time of licensure.

NAME OF ESTABLISHMENT _____

Address of Establishment _____

Block _____ Lot _____

Establishment Phone # _____

Establishment Fax # _____

Establishment Email _____

Emergency Phone # _____

Establishment Manager/Person in Charge (PIC) _____

Manager/PIC Phone # _____

Type of Ownership Individual Partnership Corporation LLC LLP

Business Owner Name(s) _____

Business Owner Home Address/Mailing Address _____

Business Owner Phone # _____ Email _____

Correspondence Address _____

Property Owner Name(s) _____

Property Owner Address _____

Property Owner Phone # _____ Cell # _____

State of NJ Board of Cosmetology & Hairstyling Shop License Number/Expiration date: _____

Copy of Shop License from the NJ State Board of Cosmetology & Hairstyling
must be attached to this application

Services offered (*Applicants may attach a brochure of services to this application*) _____

	Fees:	
Registration		\$100.00

Section 2: Additional Licenses on Site

The following require separate licensing: vending machines, retail food establishments, and/ or massage and bodywork. Please contact this office to request an application.

Section 3: List of Salon Operators

All copies of NJ State Board of Cosmetology & Hairstyling Licenses MUST be submitted with Photo IDs

Please attach separate sheet if necessary

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

Section 4: Applicant Certification & Signature

Licenses are valid from January 1st – December 31st of licensing year. Licenses are not transferable. License is void with change of ownership. Payment in the form of a check, cash or money order must accompany this application. A late fee of \$50.00/per month will be assessed starting February 1st for all delinquent payments. License fees are not prorated.

In consideration of the issuance of this license, applicant agrees to comply at all times with the Statutes, Ordinances, Rules, and Regulations of the New Jersey Department of Health and the Town of Morristown. Applicant further agrees that legal action may be taken for non-compliance of State and Town laws along with the suspension or revocation of such license.

BY SIGNING THE BELOW, I CERTIFY THAT ALL PERSONS NAMED WITHIN THIS APPLICATION HOLD VALID NEW JERSEY BOARD OF COSMETOLOGY & HAIRSTYLING LICENSES ISSUED BY THE STATE OF NEW JERSEY PURSUANT TO N.J.S.A. 45:5B-1-38 ET SEQ., COSMETOLOGY & HAIRSTYLING ACT.

Signature _____ Date _____

Printed Name _____

***OFFICIAL USE ONLY ***				
RECEIPT INFORMATION:	Date Received:	Received By:	Fee Collected:	Check Cash
			\$ _____	Other _____
Shop License Attached:		Practitioner Licenses Attached:		
Comments:				