



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

## Health Division

Main Office (973) 796-1975  
 Health Officer (973) 292-6707  
 Health Inspectors (973) 292-6713  
 (REHS) (973) 796-1993  
 Nurse (973) 292-6702  
 Animal Control (973) 292-6731  
 Fax (973) 292-6730

### BEAUTY, BARBER & NAIL SALONS APPLICATION

#### Continuation from Page 4, Section 4: Employees

Please complete the below information. If you need additional space, please photocopy this form and attach it to your application. Copies of NJ Board of Cosmetology & Hairstyling licenses must be included with the application.

|   | <u>Full Legal Name</u> | <u>Nickname(s) or Alias(e)</u> | <u>Title/Position</u> | <u>Current Home Address</u> | <u>Telephone Number</u> | <u>License/Certification Number*</u> |
|---|------------------------|--------------------------------|-----------------------|-----------------------------|-------------------------|--------------------------------------|
| 1 |                        |                                |                       |                             |                         |                                      |
| 2 |                        |                                |                       |                             |                         |                                      |
| 3 |                        |                                |                       |                             |                         |                                      |
| 4 |                        |                                |                       |                             |                         |                                      |
| 5 |                        |                                |                       |                             |                         |                                      |
| 6 |                        |                                |                       |                             |                         |                                      |
| 7 |                        |                                |                       |                             |                         |                                      |
| 8 |                        |                                |                       |                             |                         |                                      |

Please check this box if there are additional employee sheets.