



West New York Health Department

428 - 60th Street, Room 30
West New York, N.J. 07093
(201) 295-5070 Fax (201) 295-0769

Felix Roque, M.D.
Mayor

Vincent A. Rivelli, M.S.
Health Officer

Maria Alvarez
Registrar of Vital Statistics

APPLICATION FOR BARBER SHOP, BEAUTY SALON, NAIL SALONS

Date: _____ License # _____

Trade Name: _____

Trade Address: _____

Name of Applicant: _____ Tel. # _____

Address of Applicant: _____

Proprietor State License # _____

Number of Chairs: _____ Number of Employees: _____

Name of Employees and State License Number:

I hereby state and affirm that all the facts stated herein by me are true. I also understand and acknowledge that it is unlawful for me or any employee to operate while suffering any venereal disease, tuberculosis, or any other infectious or communicable disease.

Date: _____ Applicant Signature: _____

FEE: \$75.00

MAKE PAYMENT BY MONEY ORDER ONLY:

PAYMENT PAYABLE TO: WNY HEALTH DEPARTMENT
428-60TH ST. ROOM 30
WEST NEW YORK, NJ 0709

MUST SEND COPY OF CERTIFICATE OF OCCUPANCY