



**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 INDIVIDUALS AS A HAIRSTYLIST AND/OR MANICURIST

Date: \_\_\_\_\_

License # \_\_\_\_\_

Trade Name: \_\_\_\_\_

Trade Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

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 from any venereal disease, tuberculosis, or any other infectious or communicable disease.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

PLEASE SEND COPIES OF ALL OF YOUR LICENSES

FEE: \$50.00

**MAKE PAYMENT BY MONEY ORDER ONLY:**

WEST NEW YORK HEALTH DEPARTMENT  
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