



**West New York Health Department**

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

FiorD'Aliza Frias  
Commissioner

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: \_\_\_\_\_

**PLEASE SEND COPIES OF ALL EMPLOYEE LICENSES/REGISTRATIONS  
CERTIFICATES AND CERTIFICATE OF OCCUPANCY**

**MUST BE PAID BY MONEY ORDER OR CERTIFIED BANK CHECK ONLY**

West New York Health Department  
428 - 60<sup>th</sup> Street  
West New York, NJ 07093

Fee: \$75.00