



West New York Health Department

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Cosmo A. Cirillo
Commissioner

Dr. Gina Miranda-Diaz, DNP, MPH, RN
Director & Health Officer

Maria Alvarez
Registrar of Vital Statistics

APPLICATION FOR INDIVIDUALS AS A HAIRSTYLIST/MANICURIST

Date: _____ License # _____

Trade Name: _____

Trade Address: _____

Applicant's Name: _____ Tel: _____

Applicant's Address: _____

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 Employees To Operate While Suffering From Any Venereal Disease, Tuberculosis, Or Any Other Infectious Or Communicable Disease.

PLEASE SEND COPIES OF ALL YOUR LICENSES

Certificate Of Occupancy, Shop State License, Barber License, Hairstylist License, Manicure License

Fee: \$ 50.00

Only Money Orders Will Be Accepted

Payable To: West New York Health Department