



West New York Health Department

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

Gabriel Rodriguez
Commissioner of Revenue & Finance

Janet Castro
Health Officer

Maria Alvarez
Registrar of Vital Statistics

APPLICATION FOR INDIVIDUALS AS A HAIR STYLIST / MANICURIST

Your Current License Expires JAN 1st Of Every Fiscal Year

Date: _____

Trade Name: _____

Trade Address: _____

Owner's Name: _____

Proprietor State License #: _____ Tel #: _____

Applicant's Name: _____ Tel #: _____

Applicant's Address: _____

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

BARBER LICENSE, HAIR STYLIST LICENSE AND / OR MANICURE LICENSE

MUST SEND COPY OF CERTIFICATE OF OCCUPANCY

Fee: \$50.00

Only Money Orders Will Be Accepted

Payable To: West New York Health Department

Date Received: _____

Received By: _____

Money Order #: _____