



**CITY OF ELIZABETH, NEW JERSEY**

**DEPARTMENT OF ADMINISTRATION**

**CENTRAL LICENSE BUREAU**

50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462

Phone: (908) 820-4178

Fax: (908) 820-0369

**BRIDGET S. ANDERSON**  
Business Administrator

**CLARA GOODRIDGE**  
Chief License Inspector

**J. CHRISTIAN BOLLWAGE**  
Mayor

**APPLICATION FOR BARBERSHOP, BEAUTY, OR BRAIDING SALON PERMIT**

**FEE: \$175**

**HOURS OF OPERATION: FROM \_\_\_\_\_ TO \_\_\_\_\_**

**IF HOURS OF OPERATION BEYOND 10:00 P.M.:**

**PAY ADDITIONAL \$50 \_\_\_\_\_**

**IF MASSAGE SERVICES PROVIDED:**

**PAY ADDITIONAL \$50 \_\_\_\_\_**

**IF NAIL SERVICES PROVIDED:**

**PLEASE GO TO HEALTH DEPARTMENT**

(PLEASE PRINT)

**OWNER'S NAME:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**OWNER'S TELEPHONE NUMBER:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS TAX I.D. # / SOCIAL SECURITY #:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**BUSINESS TELEPHONE NUMBER:** \_\_\_\_\_

**SHOP OR SALON OWNER**

Please provide your **New Jersey State Board of Cosmetology and Hairstyling** license to the person accepting this application.

**FOR OFFICE USE ONLY**

NJ State Board of Cosmetology and Hairstyling License Received by: \_\_\_\_\_

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

**APPLICATION FOR BARBERSHOP, BEAUTY, OR BRAIDING SALON PERMIT – Page 2**

Please provide the name, and title/duties for each person employed by you at this location. Also, please provide appropriate license or certification to the person accepting this application.

NAME	TITLE/DUTIES	LICENSE/CERTIFICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If more room is needed, please use the back of this application.)

**FOR OFFICE USE ONLY**

Central License Inspection

Inspector Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

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I, (PRINT NAME) \_\_\_\_\_, certify that the foregoing statements made by me in this application are true. I am aware that if the foregoing statements made by me are willfully false, this application will be invalidated; I will lose my rights to obtain a Barbershop, or Beauty Shop, or Braiding Shop Permit, and I am subject to punishment under law.

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

STATE OF NEW JERSEY

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COUNTY OF UNION

Sworn and subscribed to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public