



## COSMETOLOGY LICENSE APPLICATION

The following documents must be included with this application:

- Photo ID of Business Owner
- Current licensure for all owners, employees, and NJ shop license
- Pre-operational Checklist and Additional Requirement items (see reverse)

For Office Use Only

BUSINESS INFORMATION		
<b>Type of Ownership:</b> <input type="checkbox"/> Individual <input type="checkbox"/> LLC Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> S Corp <input type="checkbox"/> Publicly Traded Corp		
<b>Type of Business:</b> <input type="checkbox"/> Spa <input type="checkbox"/> Skincare <input type="checkbox"/> Nail <input type="checkbox"/> Hair <input type="checkbox"/> Makeup <input type="checkbox"/> Barbershop (select multiple if necessary)		<b>Application Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
<b>Business Name:</b>	<b>New Businesses* -Expected Opening Date:</b>	
<b>Business Address:</b>		
<b>Business Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Manager/Contact Name:</b>		
<b>Manager Mailing Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Operating Days:(select multiple as necessary):</b>	<input type="checkbox"/> M-F <input type="checkbox"/> S-Sun <input type="checkbox"/> other:	
<b>Operating Times:</b>		
Please check services below or provide description of services provided in the empty space. A copy of services may also be attached to this application.		
<input type="checkbox"/> Nail <input type="checkbox"/> Hair <input type="checkbox"/> Beauty/Makeup/Permanent Makeup <input type="checkbox"/> Skincare Spa <input type="checkbox"/> Waxing		<input type="checkbox"/> Other: _____
<b>Business Owner Name:</b>		<b>Phone:</b>
<b>Business Owner Home Address:</b>		<b>Email:</b>
EMPLOYEE INFORMATION		
<b>Number of Employees</b>	<b>List names of employees below - continue on reverse side as necessary:</b>	
BILLING INFORMATION		
<b>Mailing Address:</b>		<input type="checkbox"/> Check here if address same as business address
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
EMERGENCY CONTACT INFORMATION		
<b>Emergency Contact Name:</b>		<b>Title:</b>
<b>Contact Cell Phone:</b>		<b>Email:</b>
<b>“In making this application, I hereby declare that I understand and will comply with all of the requirements of the ordinances and regulations of the Town of Secaucus and State of New Jersey, and that under penalty of perjury, the statements and documents constituting any part of this application are true, correct and complete to the best of my knowledge.”</b>		
<b>Applicant’s Signature:</b>		<b>Title:</b>
<b>Print Name:</b>		<b>Date:</b>

**EMPLOYEE INFORMATION - Continued**

List names of employees below


**FEES****Check one:**

Group #	Number of Chairs	Fee
<input type="checkbox"/> Group 1	0-5	\$ 100
<input type="checkbox"/> Group 2	6 or more	\$ 200

**ADDITIONAL REQUIREMENTS****Checkmark as applicable; The following must be approved and submitted with this application:**

- Certificate of Occupancy (COO) from Engineering or Building Department, if new owner
- Proof of Board of Cosmetology Inspection completed and passed or proof of "in progress".
- Copy of floor plans for any extensive renovations or changes to the establishment must be submitted to this office. This office has up to thirty (30) days to review and follow up accordingly. Please contact our office for specific requirements.

**ADDITIONAL REGULATIONS**

Applicants are strongly encouraged to review any applicable local ordinances for your establishment. Please contact our office if you wish to receive a copy.

Licenses are **not** transferrable. Any change in ownership or mailing address must be reported to the Health Department and new owner must apply to the Secaucus Health Department for a new license to do business.

Emergency contact for your establishment must be a knowledgeable manager or owner who will be available in the event of an emergency.



Secaucus Health Department  
1203 Paterson Plank Road, Secaucus, NJ 07094-3219  
Tel: 201-330-2031 Fax: 201-330-2037 www.secaucus.gov

### Salon and Shop Pre-Opening Checklist

Please use the below as a self-checklist to be completed once your establishment is ready to open. The following code requirements **must** be met prior to receiving Health Department approval. Pre-operational Inspections must be completed and passed prior to official operations.

**Please check off each item on this list upon completion and return this list, signed to the Health Department to schedule your pre-operational inspection.**

**Establishment Name:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_ **Secaucus, NJ 07094**

**Establishment Hours (check as applicable):**

- M-F**
- S-Su**
- Hours** \_\_\_\_\_
  
- Approved from Construction and Engineering Department
- Architect Plans (blueprints) or floor plan submitted, as applicable.
- Business plan submitted, as applicable.
  
- Hot and cold water provided at hand-washing sinks.
- All areas of establishment cleaned and adequately sanitized.
  - Germicidal solutions used on combs, brushes, nail or hair equipment, as appropriate.
  
- Sink areas cleaned, properly maintained, and free of cross contamination.
- Restroom maintained and in a clean and sanitary manner.
  - Free of offensive odor
  - Soap and hand towels provided.
- Floors in good condition and maintained in a sanitary manner.
- Garbage area properly maintained.
- Establishment free from any hazards, including but not limited to:
  - Electrical wires, fire hazards, etc.
  
- Owners, Shop, and Employees licensed and approved by State and Local Health Department
- Owner, Shop, and Employee Licenses displayed in a conspicuous location in establishment.
- Aware of and knowledgeable with NJAC 13:28 "Board of Cosmetology and Hairstyling" Regulations

**It is the responsibility of the applicant to be aware of and comply with all New Jersey State and local codes**

<b>"In submitting this pre-operational checklist, I hereby declare that my establishment is compliant, to the best of my knowledge, with the requirements of the ordinances and regulations of the Town of Secaucus and State of New Jersey. I understand that during my pre-operational inspection, the Health Official may make recommendations or requirements to ensure compliance with local and State Codes, as applicable."</b>	
Applicant's Signature:	Title:
Print Name:	Date: