



TANNING SALON LICENSE APPLICATION

The following documents must be included with this application:

- Business or Shop NJ State License
- Each Employee's Current NJ State License with photo
- Copy of Liability Insurance

BUSINESS INFORMATION		
Type of Ownership: <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		
Type of Business <input type="checkbox"/> Tanning Fee: Tanning - \$100		Application Type: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
Business Name:	New Businesses* -Expected Opening Date:	
Business Address:		
Business Phone:	Fax:	Email:
Manager/Contact Name:		
Manager Mailing Address:		
Phone:	Fax:	Email:
Operating Days:(select multiple as necessary):	<input type="checkbox"/> M-F <input type="checkbox"/> S-Sun <input type="checkbox"/> other:	
Operating Times:	Tanning Salons- Number of tanning beds:	
Please list or provide description of services provided. A copy of services may also be attached to this application.		
Business Owner Name:		
Business Owner Home Address:		
Phone:		Email:
EMPLOYEE INFORMATION		
Total Number of Employees		
List names of employees below:		
BILLING INFORMATION		
Mailing Address:		
Phone:	Fax:	Email:
EMERGENCY CONTACT INFORMATION		
Emergency Contact Name and Title:		
Emergency Contact Cell Phone:		
“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.”		
Applicant's Signature:		Title:
Print Name:		Date: