

**2013**

**FAIR LAWN HEALTH DEPARTMENT  
INSPECTION FEE**

Inspection Renewal Application for Barber Shops, Beauty Salons, Hair & Nail Salons  
Annual Inspection Fee: \$35.00 for 5 or less stations in use  
\$50.00 for 6 or more stations in use

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

**Business Address:** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Hours of Operation:** i.e.:9:00am to 5:00pm (17:00) Sun \_\_\_\_\_ to \_\_\_\_\_ Mon \_\_\_\_\_ to \_\_\_\_\_ Tues \_\_\_\_\_ to \_\_\_\_\_

Wed \_\_\_\_\_ to \_\_\_\_\_ Thurs \_\_\_\_\_ to \_\_\_\_\_ Fri \_\_\_\_\_ to \_\_\_\_\_ Sat \_\_\_\_\_ to \_\_\_\_\_.

**Owner's Name:** \_\_\_\_\_ **Home phone #:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Owner's Address2:** \_\_\_\_\_

**Manager's Name:** \_\_\_\_\_ **Home phone #:** \_\_\_\_\_

**New Jersey State Shop License #:** \_\_\_\_\_

**Select all services which you provide:**

**Hair Cutting/Styling      Electrolysis      Manicure      Pedicures      Permanent Cosmetics**  
**Waxing                      Tanning                      Massages                      Facials**

**Name & License # of All Operators:** \_\_\_\_\_ **# of**  
**Name                      Hrs. Worked per. Week      State License #      Beautician/Manicurist      Expiration Date**

Name	Hrs. Worked per. Week	State License #	Beautician/Manicurist	Expiration Date

**I hereby certify that the above operation and establishment will be kept in a sanitary manner and in compliance with New Jersey State Board of Cosmetology and Hair Styling.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Please make checks payable to the Borough of Fair Lawn and mail to:**

Fair Lawn Health Department  
8-01 Fair Lawn Avenue  
Fair Lawn, New Jersey 07410  
(Do not write below this line)

Date application was received: \_\_\_\_\_ Health Officer Approval: \_\_\_\_\_ Fee paid: \_\_\_\_\_