

**Borough of Paramus  
Department of Health and Human Services  
1 Jockish Sqaure  
Paramus, New Jersey 07652  
Tel: 201-265-2100 Ext: 2300 Fax: 201-225-9014  
Email: [Health@paramusborough.org](mailto:Health@paramusborough.org)**

**APPLICATION FOR REGISTRATION OF BEAUTY PARLOR/NAIL SALON EXPIRES DECEMBER 31, 2018**

***Please print clearly and fill out this form completely***

**This application is submitted on behalf of:**

\_\_\_\_\_  
*(Name of Corporation, Partnership or Individual Owner)*

\_\_\_\_\_  
*(Owner Address)*

\_\_\_\_\_  
*(Trading As)*

\_\_\_\_\_  
*(Establishment Address)*

\_\_\_\_\_  
*(Establishment Phone Number)*

\_\_\_\_\_  
*(Owner Cell Phone Number)*

\_\_\_\_\_  
*(Establishment Fax Number)*

\_\_\_\_\_  
*(Establishment Email Address)*

**PAYMENT FEE OF \$150.00 FOR REGISTRATION OF NAIL SALON/BEAUTY PARLOR \$ \_\_\_\_\_**

I/WE HEREBY MAKE APPLICATION FOR REGISTRATION OF BEAUTY PARLOR/NAIL SALON, AND AGREE TO CONDUCT BUSINESS IN COMPLIANCE WITH THE LAWS OF THE STATE OF NEW JERSEY AND THE ORDINANCES OF THE BOROUGH OF PARAMUS, IN THE COUNTY OF BERGEN, AND ORDINANCES AND REGULATIONS OF THE BOARD OF HEALTH OF THE SAID BOROUGH OF PARAMUS.

\_\_\_\_\_  
*(Date of application)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Print Name and Title)*

**THIS APPLICATION MUST BE COMPLETED BEFORE PERMIT IS ISSUED OR RENEWED.**

**For Office Use:**

DATE RECEIVED: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_ FEE PAID: \_\_\_\_\_