

**Thomas Sica**  
President

**Vinnie Bellino**  
Councilman

**Linda Kimball**  
Vice President

**Jorge Diaz**  
Councilman

**John Narowitz**  
**Jonathan D'Orsi**  
**Susan Naples**  
Board Members

**Dennis DiMascio**  
Councilman

**Lester Jones**  
Health Officer

**A.J. Johal**  
Councilman

**Taqualla Lowman**  
Director

**Susan Naples**  
Councilwoman



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NEW

RENEWAL

TYPE OF LICENSE: **BEAUTY SALON**

FEE: **\$50.00**

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL# \_\_\_\_\_  
\_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL# \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL# \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

OTHER RELEVANT INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS IMPOSED BY THE CARTERET HEALTH DEPARTMENT AND NOTICES AS MAY BE ISSUED BY THE HEALTH OFFICER OR AGENT.

SIGNATURE: \_\_\_\_\_