



**BOROUGH OF CALDWELL – HEALTH DEPARTMENT**  
**1 PROVOST SQUARE, CALDWELL, NJ 07006**  
**973-403-4623**



**PUBLIC ESTABLISHMENT LICENSE APPLICATION**

**LICENSE TO OPERATE A PUBLIC ESTABLISHMENT IN THE BOROUGH OF CALDWELL.**

NAME OF OWNER: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

ADDRESS OF BUSINESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF MANAGER \_\_\_\_\_ PHONE: \_\_\_\_\_

NUMBER OF EMPLOYEES (INCLUDING OWNER): \_\_\_\_\_

**TYPE OF ESTABLISHMENT:** \_\_\_\_\_ BEAUTY SALON  
\_\_\_\_\_ NAIL SALON  
\_\_\_\_\_ BARBER SHOP  
\_\_\_\_\_ TANNING SALON

***I UNDERSTAND THAT IF I AM GRANTED A LICENSE TO ESTABLISH, OPERATE AND CONDUCT A PUBLIC ESTABLISHMENT IN THE BOROUGH OF CALDWELL, I WILL AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS ESTABLISHED BY THE CALDWELL BOARD OF HEALTH OR ITS AUTHORIZED REPRESENTATIVES AND BY THE RULES AND REGULATIONS OF THE NEW JERSEY STATE DEPARTMENT OF HEALTH, CHAPTER 12, STATE SANITARY CODE.***

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
SIGNATURE OF OWNER

***LICENSES ARE NOT TRANSFERABLE AND EXPIRE IN JANUARY OF THE FOLLOWING YEAR.***

**DATE RECEIVED:** \_\_\_\_\_ **FEE:** **\$25.00**

**DATE APPROVED:** \_\_\_\_\_ **PERMIT NUMBER:** \_\_\_\_\_

**THE BOARD OF HEALTH MUST APPROVE ALL LICENSES. THE CALDWELL BOARD OF HEALTH MEETS ON THE SECOND TUESDAY OF EACH MONTH.**