



**CITY CLERK'S OFFICE  
 CITY OF ENGLEWOOD  
 2-10 North Van Brunt Street  
 Englewood, NJ 07631  
 Phone: (201) 510 – 8212 (8213)  
 Fax: (201) 567- 4395  
 Email: apaton@cityofenglewood.org**

Date Filed: \_\_\_\_\_  
 License Fee: \$30.00 (191-6) \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Granted: \_\_\_\_\_

**BARBER SHOPS AND BEAUTY PARLORS**

CHECK ONE    New ( )    Renewal ( )

Home Phone # \_\_\_\_\_  
 Bus. Tel. # \_\_\_\_\_

1. Name and address of applicant: \_\_\_\_\_  
 \_\_\_\_\_
2. Address of Establishment to be licensed: \_\_\_\_\_
3. Trade or store Name, if any: \_\_\_\_\_
4. Owner's Name, if Individual: \_\_\_\_\_
5. Date & Place of Birth-Applicant/Owner: \_\_\_\_\_
6. Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
7. How many employees (total # on payroll): \_\_\_\_\_
8. Have you ever been convicted of a crime?: \_\_\_\_\_ If "YES" give full particulars : \_\_\_\_\_  
 \_\_\_\_\_

I fully realized that I must comply with all the rules, regulations and ordinances of the City of Englewood.

**This license is not transferable**

Date: \_\_\_\_\_ Signature of Applicant/Owner : \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

APPROVED ( )    DISAPPROVED ( )    DATE: \_\_\_\_\_ POLICE CHIEF \_\_\_\_\_  
 APPROVED ( )    DISAPPROVED ( )    DATE: \_\_\_\_\_ HEALTH DEPT. \_\_\_\_\_  
 APPROVED ( )    DISAPPROVED ( )    DATE: \_\_\_\_\_ BUILDING DEPT. \_\_\_\_\_  
 APPROVED ( )    DISAPPROVED ( )    DATE: \_\_\_\_\_ FIRE DEPT. \_\_\_\_\_