



BOROUGH OF CARLSTADT

Health Department
Memorial Municipal Building
500 Madison Street
Carlstadt, NJ 07072

**Health Spa/Tanning Salon
Permit Application 2019**

Name of Establishment: _____

Location: _____

Telephone #: _____ Fax# _____

Owner's Name:
(Print) _____

Owner's Home Address _____

Owner's Phone # _____

State License Number: _____ Expiration Date: _____

Services Provided by the Establishment:

Health Spa: _____ Tanning: _____ Other: _____

If Other, please specify _____

(I), (We), the undersigned owner, do hereby apply for a license for operation and maintenance of Health Spa/Tanning Salon Establishment in the Borough of Carlstadt, NJ for the period ending December 31, 2019.

Please be advised that you have to include a copy of your State License Certificate in order to receive you 2019 License.

Applicant's Signature: _____

Date: _____

For Health Department use only

Date Paid: _____

Fee : **\$250.00**

License: _____