



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Cosmetology and Hairstyling
124 Halsey Street, 6th Floor, P.O. Box 45003
Newark, New Jersey 07101
(973) 504-6400



Instructions to Apply for a License to Operate a New Shop, Relocate a Shop or to Transfer Ownership of a Shop

Pursuant to N.J.A.C. 13:28-2.1 et. seq., the owner of a proposed new shop, a shop being relocated, or the new owner of an existing shop must complete, notarize, and submit the attached application to the New Jersey State Board of Cosmetology and Hairstyling along with a check or money order, payable to the State of New Jersey, for **\$350.00 in the first year** or **\$250.00 in the second year** of the current licensing cycle. If this is a Transfer of Ownership, the new owner may use the former owner's license for a maximum of two (2) months, with the previous owner's permission.

To avoid any delays in the processing of your application, please read all instructions included within this packet prior to the submission of your application to make sure you have provided the Board with all documentation and information required. Please check with your local Post Office for the correct address of your facility. Failure to provide the required information may result in the denial of your application or may halt the issuance of license. **Please provide the Board with copies of the following:**

- 1. A copy of your entire lease, whether new or renewed or the deed (the owner's property title). If there is no lease, a notarized letter signed by you and the landlord specifying terms and address of business.
- 2. A notarized bill of sale or a new shop owner's notarized letter along with equipment receipts attesting that the shop had been vacant and that there were **no** transactions between tenants. **Please note that shop sublets, chair, and booth rentals are prohibited.**
 - a. Please note who the responsible party will be in the event of any outstanding violations. All outstanding violations must be paid prior to a transfer of ownership.
- 3. Incorporation papers (for corporations), Limited Liability Company (LLC) papers stating every owner's name and their percentage of ownership.
 - a. All owners must sign and submit a copy of the notarized affidavit included within this packet.
 - b. Tax ID Form and the Registration of Alternate Name (Form C-150G) from the Department of Treasury, Division of Revenue.
- 4. The notarized partnership agreement or a legal document that verifies your business is a partnership, specifying each partner's full name and their percentage of ownership.
- 5. Official registration of your trade/shop name, which may be obtained from the Hall of Records of your County Clerk's office, is required if your business is a partnership or sole proprietorship. **Only for sole proprietorship or partnership.**
- 6. Final Certificate of Occupancy or Approval from the municipality where the shop is located along with:
 - a. Zoning certificate; and
 - b. Fire permit
 - c. If any of these documents are not required by your municipality, a Letter of Compliance from your City or Town Hall will suffice.
- 7. The Experienced Practicing Licensee's (Manager's) signed wall license, with attached photograph, and a copy of their government issued, photo identification card. Please note that every shop must employ an EPL, defined as a licensee with a minimum of 3 years of licensed experience.
- 8. A floor plan drawn to scale marking stations, measurements and lavatory.

Mail your completed application to:

**New Jersey State Board of Cosmetology and Hairstyling
P.O. Box 45003
Newark, NJ 07101**

One week after you submit this application, contact the Board office at the number above to receive the date your shop will be inspected. Any changes to the date of inspection must be approved by the Division of Consumer Affairs' Enforcement Bureau.

Prior to inspection, you must have created a file for every worker that includes two (2) forms of identification, including one with a recent photo. In addition, you must have a price list of all services offered in the salon, the wall licenses of all employees, a sign indicating who the manager is, and the attached Notices must be posted in plain sight on a wall in the salon.

Check one:

- New shop**
- Relocation of a shop**
- Transfer of ownership**

Please indicate the type of shop:

- Full service**
- Manicuring**
- Skin Care Specialty**
- Hair Braiding**

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124 Halsey Street, 6th Floor, P.O. Box 45003
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For Office Use Only

Application #: _____

License #: _____

Memo date: _____

Inspection date: _____

Application for a License to Operate a New Shop, Relocate a Shop or to Transfer Ownership of a Shop

***Required fee:** _____

A certified check or money order must accompany this application. **Do not** send cash or a personal check.

Before completing this application, go to www.njconsumeraffairs.gov/cos/pages/regulations.aspx to review the New Jersey State Board of Cosmetology and Hairstyling's statutes and regulations.

A nonrefundable application filing fee of **\$350.00 in the even year** of the biennial period of licensure, or **\$250.00 in the odd year** of the current period of licensure, in the form of a certified check or money order made out to the State of New Jersey, must be submitted with this application.

All questions must be answered.

1. Check (✓) form of ownership of the shop:

- Individual or sole-ownership
- New Jersey corporation
- Out-of-state corporation
- Partnership
- L.L.C.

2. Shop name: _____

3. Shop address: _____

Street address

City

State

ZIP code

County

Shop telephone number (include area code)

An owner/partner/officer's home telephone no. (include area code)

An owner/partner/officer's cellphone no. (include area code)

4. Name and license number of Experienced Practicing Licensee (E.P.L.) who will manage the operation of the shop (N.J.S.A. 45:5B-11 et seq.)

Full name _____ License No. _____
(Please print clearly)

5. Please provide the information requested below for every owner, partner and/or officer of the corporation, limited liability company or partnership. (The name of every owner, partner and/or officer **must** be provided whether or not a license is held by any of them.) Attach additional sheets of paper to this application if necessary.

Name	Type of license	License No.	State of jurisdiction that granted license
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Is this a new shop? Yes No

a. Are you purchasing this business or otherwise acquiring it from a former owner? Yes No

Provide the shop's former name and its address.

Name: _____

Address: _____

Street address

City

State

ZIP code

County

b. When will you acquire the business from its former owner? _____
Month Day Year

7. If the shop is owned by a corporation or L.L.C., please provide the name and address of the corporation or L.L.C.

Name: _____

Address: _____
Street address City State ZIP code County

8. Business Tax ID number: _____

9. In what type of building area is the shop located? _____

10. What is the total size of the shop in square feet? _____

(Note: N.J.A.C. 13:28-2.5 requires that all licensed premises shall contain at least 350 square feet of floor space stations if there are one or two licensed operators working at two stations. For every additional licensed operator/station, an additional 50 square feet of floor space is required.)

11. Services in shop: _____

12. Proposed hours of operation: _____

13. When will the shop be ready for inspection? _____
Month Day Year

14. What is the proposed date to open for business? _____
Month Day Year

15. Please provide the name(s), shop license number and business address(es) of any other shop(s) owned by **anyone** listed as an owner, partner or officer on this application.

Shop/Trade name Business address License number

Shop/Trade name Business address License number

Shop/Trade name Business address License number

16. Have you attached to this application all of the required documents and the required diagram/floor plan of the proposed shop?

Yes No

17. Signature(s) - If a partnership, all partners **must sign**. If a corporation or L.L.C., corporate officers **must sign**.

Print name of owner, partner, officer Signature Date

Print name of owner, partner, officer Signature Date

Print name of owner, partner, officer Signature Date

Print name of owner, partner, officer Signature Date

Print name of owner, partner, officer Signature Date

N.J.A.C. 13:28.2.5 requires that every cosmetology and hairstyling, beauty culture or barbering shop contain the following minimum equipment:

- i. One lavatory that includes a toilet, hand-washing facilities and a door;
- ii. One shampoo basin with hot and cold running water and a reclining chair;
- iii. For barbering shops only, at least one chair with an adjustable headrest suitable for performing shaving services;
- iv. A designated area for cleaning and disinfecting implements and tools;
- v. One ultrasonic unit for cleaning metal implements and tools;
- vi. A clean, closed receptacle for storage of sanitized implements and tools at each work station;
- vii. A closed container for clean linens;
- viii. A closed container for soiled linens;
- ix. Hair drying facilities;
- x. A dispensary or place where supplies are prepared and dispensed;
- xi. Permanent outside sign showing the trade name; and
- xii. Such other equipment as is necessary to provide those services offered by the shop in a safe and sanitary manner.

N.J.A.C. 13:28-2.6 and 2.6A require that every manicuring shop and every skin-care specialty shop contain the following minimum equipment:

- i. One lavatory that includes a toilet, hand-washing facilities and a door;
- ii. At least one sink in the work area with hot and cold running water;
- iii. A designated area for cleaning and disinfecting implements and tools;
- iv. One ultrasonic unit for cleaning metal implements and tools;
- v. A clean, closed receptacle for storage of sanitized implements and tools at each work station;
- vi. A closed container for clean linens;
- vii. A closed container for soiled linens;
- viii. A closed waste container for each work station;
- ix. A dispensary or place where supplies are prepared and dispensed;
- x. Permanent outside sign showing the trade name; and
- xi. Such other equipment as is necessary to provide those services offered by the shop in a safe and sanitary manner.

All shops must have an experienced practicing licensee (E.P.L.) employed to oversee the management of the shop. Be sure to enclose a diagram/floor plan of the proposed shop premises. Every application for a shop **must** be accompanied by documentation that the premises have been approved by the local municipality for business use. A Certificate of Occupancy, issued by the municipality's Building Department, a zoning permit where required by the municipality, **and** a Fire Permit, issued separately by the municipality's Fire Department, are required to be submitted. Any application submitted without these **two** documents (three where required) will be rejected. However, if municipal approval is not required, you must submit a written statement from the municipality to that effect.

Please remember that it is unlawful to operate a shop without first having obtained a license to do so.

AFFIDAVIT - 1

This affidavit must be completed, notarized and submitted by the proposed shop's Experienced Practicing Licensee (E.P.L.).

This affidavit is to be executed by the E.P.L. before a notary public:

State of: _____

} ss.

County of: _____

I, _____, in making this application to the New Jersey State Board of Cosmetology and Hairstyling for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Cosmetology and Hairstyling, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:5B-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Cosmetology and Hairstyling, N.J.A.C. 13:28-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of E.P.L.

The E.P.L. **must** answer (a) and (b) below.

- (a) Has any foreign or domestic government agency or professional association instituted charges or actions against you, or revoked, suspended or accepted surrender of your professional license since your last renewal? Yes No
- (b) Have you been arrested, charged, or convicted for the violation of any law or regulation since your last renewal? (Parking or speeding violations need not be disclosed: motor vehicle offenses such as driving while impaired or intoxicated must be disclosed). (Submit the relevant court documents with this application.) Yes No

Signature of E.P.L.

Sworn and subscribed to before me this _____

day of _____, 20_____

Month

Name of Notary Public (please print)

Signature of Notary Public

○
Affix seal here

AFFIDAVIT - 2

This affidavit must be completed, notarized and submitted by every owner, partner and/or officer listed on page one of this application.

(Include a copy of a government issued photo ID card.)

This affidavit is to be executed by every applicant before a notary public:

State of: _____ } ss.

County of: _____

I, _____, in making this application to the New Jersey State Board of Cosmetology and Hairstyling for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Cosmetology and Hairstyling, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:5B-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Cosmetology and Hairstyling, N.J.A.C. 13:28-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Name _____
First name Last name Middle initial

Address _____
Street address City State ZIP code

All owner's **must** answer (a) and (b) below.

- (a) Has any foreign or domestic government agency or professional association instituted charges or actions against you, or revoked, suspended or accepted surrender of your professional license since your last renewal? Yes No
- (b) Have you been arrested, charged, or convicted for the violation of any law or regulation since your last renewal? (Parking or speeding violations need not be disclosed: motor vehicle offenses such as driving while impaired or intoxicated must be disclosed). (Submit the relevant court documents with this application.) Yes No

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, 20____
Month

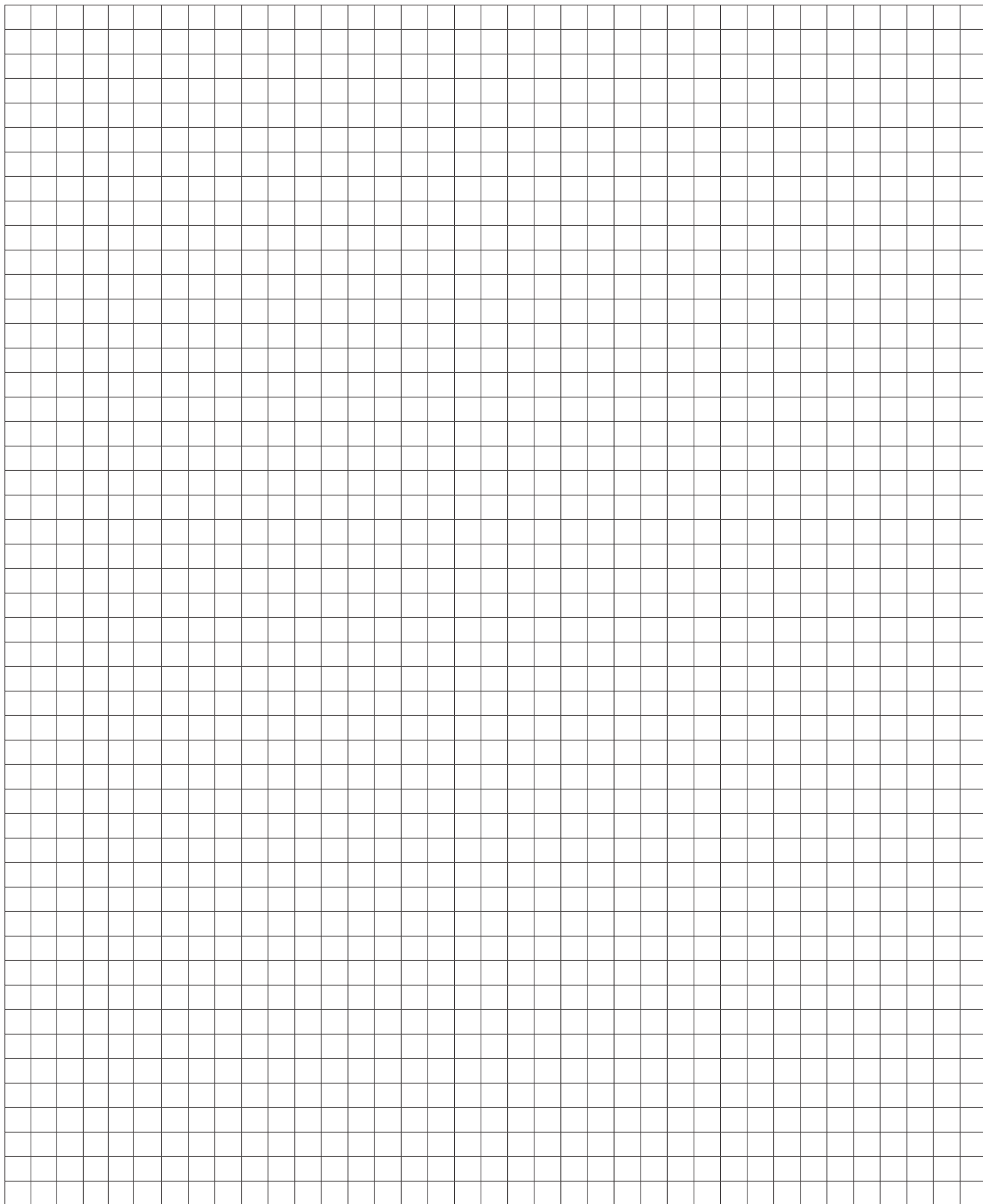
Name of Notary Public (please print)

Signature of Notary Public

Affix seal here

Diagram/Floor Plan

All licensed premises shall contain not less than 350 square feet of space and one lavatory within the shop. (See N.J.A.C. 13:28-2.5, 2.6 and 2.6A). *Please submit a drawn to scale floor plan.*



NOTICE

This shop and the operators herein are licensed to engage in the practice of:

- **Cosmetology and Hairstyling**
 - **Manicuring**
 - **Skin Care Specialty, or**
 - **Barbering**

by the State of New Jersey's
Division of Consumer Affairs.

Any member of the consuming public having a complaint concerning the manner in which this practice is conducted may notify the:

**DIVISION OF CONSUMER AFFAIRS
NEW JERSEY STATE BOARD OF
COSMETOLOGY AND HAIRSTYLING
P.O. Box 45003
NEWARK, N.J. 07101**

(Pursuant to N.J.A.C. 13:28-2.12)

TO BE POSTED IN EVERY SHOP

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NOTICE

**Chair or Booth
Rentals are
Illegal**

TO BE POSTED IN EVERY SHOP