

**BEAUTY PARLORS, TANNING SALONS, NAIL SALONS, BODY ART,
BARBER SHOPS & PLACES OF COSMETOLOGY ANNUAL PERMIT
APPLICATION**

Please make check payable to: Borough of New Providence

In the amount of: \$75.00

A late fee of \$53.00 per month will be charged if not paid by January 31, 2026

Please print clearly and complete both pages in its entirety.

Type of Establishment :

☐ Beauty Parlor ☐ Tanning Salon ☐ Nail Salon ☐ Body Art ☐ Barber Shop

Name of Establishment: _____

Address: _____

Phone: _____

EMAIL: _____

Business Owner: _____

Home Address: _____

City / State / Zip: _____

Phone: _____ EMAIL : _____

Contact Person: _____

Title / Position: _____ Phone: _____

Email: _____

Does the Establishment offer any massage services? (circle one) YES NO

If yes, does the area where the massage occurs, either temporarily or permanently, cover less than 20 percent of the gross floor area of the principle use? (circle one)

YES NO

Is there a licensed Massage Therapist on premise? (circle one) YES NO

If yes, please provide their full name: _____

Note: All Massage Therapists must obtain a Permit with the Board of Health to practice in the Borough of New Providence

Applicant's Signature

Date

All Permits expire December 31st of the licensing year

2026