



**TANNING SALON LICENSE APPLICATION**

**Fee \$50.00**

**License for the period ending December 31, \_\_\_\_\_**

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Email Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**OWNERSHIP:** (check one) Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Municipal \_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Home Address: \_\_\_\_\_ Town/State/Zip \_\_\_\_\_

**REGULAR BUSINESS DAYS & HOURS:** \_\_\_\_\_

**PRIMARY TYPE OF BUSINESS IN WHICH THE TANNING FACILITY IS LOCATED:**

Tanning Salon \_\_\_ Beauty/Nail Salon \_\_\_ Health Club/Fitness Center \_\_\_

Other: \_\_\_\_\_

Number of Sunlamp Products Provided in the Tanning Facility: \_\_\_\_\_

List any food or vending machines at this establishment: \_\_\_\_\_

**CERTIFICATION:**

I certify that I have personally examined and am familiar with all the information contained in this license application including any attachments. I further certify that if any of the information or statements that I have supplied are willfully false, inaccurate, or incomplete that I am subject to the revocation of license.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make check or money order payable to ROCKAWAY BOROUGH and mail to:  
ROCKAWAY BOROUGH  
1 EAST MAIN STREET  
ROCKAWAY, NJ 07866**

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**FOR AGENCY USE ONLY**

Amount Received: \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Date: \_\_\_\_\_ License Number: \_\_\_\_\_