

Date Submitted _____ Date Issued _____ License # _____

Township of South Brunswick
Manicure Facility
License Application

SECTION I – Applicant Information

Name of Establishment _____
Address of Establishment _____
City _____ State _____ Zip _____
Property Block _____ Lot _____
Business Ph # _____ Alternate Business Ph # _____
Facsimile(s) # _____

SECTION II – Business Entity Information

Individual Owner or Business Name _____
Owner or Business Address _____
City _____ State _____ Zip _____
Contact Phone # _____ Alternate/Cell Ph # _____
Email Address: _____
Registered Agent/Officer Name _____
Resident Address _____
City _____ State _____ Zip _____
Contact Phone # _____ Alternate/Cell Ph # _____
Email Address: _____
Additional Officer Name _____
Resident Address _____
City _____ State _____ Zip _____
Contact Phone # _____ Alternate/Cell Ph # _____

Manicuring or similar education and/or business experience. If you have none, leave the following lines blank.

Name of Company providing liability insurance _____
Address _____
Phone # _____ Amount of insurance? _____

Length of time engaged in such business? _____

Have you ever been convicted of any crime, misdemeanor or violation? ___ Yes ___ No

If yes, provide the following information.

Date of Offense _____

Place _____

Describe Circumstances _____

Date of Conviction _____

Disposition _____

SECTION III – Employees and Manager

Complete list of the names and residence addresses of all manicurist and employees.

This list must be updated within 24 hours prior to employment of new employees.

(If needed add additional employees on a separate sheet and attach)

Name _____ Position _____

Address _____

City _____ State _____ Zip _____ Age _____

Name _____ Position _____

Address _____

City _____ State _____ Zip _____ Age _____

Name _____ Position _____

Address _____

City _____ State _____ Zip _____ Age _____

Name _____ Position _____

Address _____

City _____ State _____ Zip _____ Age _____

Name _____ Position _____

Address _____

City _____ State _____ Zip _____ Age _____

Name _____ Position _____

Address _____

City _____ State _____ Zip _____ Age _____

SECTION IV – Certifications

By submitting this license application, I hereby consent to a fingerprint and criminal history background check by the South Brunswick Township Police Department. I hereby waive any claims I have related to this fingerprint and background check.

I hereby certify that the statements contained in this application are true to the best of my knowledge, information and belief. I understand that if any of the statements made on this application are willfully false, I am subject to punishment.

I have read and understand Article VI. Manicure Facilities of the South Brunswick Township Code.

Dated: _____
Signature of Applicant

Below this Line for Official Use Only

New Application Fee is \$100.00 and Renewal Fee is \$100.00.
Late Fee is for renewal \$50.00 per month after final due date January 31 of the following year.

Date Received _____ Amount Paid _____ Receipt # _____

_____ Copy of Manicuring License for each manicurist employed
_____ Proof of Insurance and the amount submitted
_____ Background Investigation Form (SAGEM MORPHO) provided for owner and officers

Police Department:

Approved Date _____ Signature _____
Denied Date _____ Signature _____

Planning and Zoning Department:

Approved Date _____ Signature _____
Denied Date _____ Signature _____

Township Clerk:

Approved Date _____ Signature _____
Denied Date _____ Signature _____

License # _____ Date Issued _____ Date Denied _____