## NEW JERSEY OFFICE OF THE ATTORNEY GENERAL Division of Consumer Affairs New Jersey State Board of Cosmetology and Hairstyling 124 Halsey Street, 6th Floor

124 Halsey Street, 6<sup>th</sup> Floor Newark, New Jersey 07102

## **Request Form for Shop Applications**

DATE: 2 11	19		OUR FAX: 973-792-4282 OUR PHONE: 973-504-6400
	PLEASE CHE ANSWER ALL QU		
Brand New Shop     Change of Ownership     Removal      Renewal	LICENSE NO		A. FULL SERVICE SHOP ( ) B. MANICURING SHOP ( ) C. SKIN CARE SP SHOP ( )
Name(s) of Owner:	(FIRST NAME)	(MIDDLE)	(LAST NAME)
MR. or MS.:	Vancy	do Di	FILONG BOOKHAZ)
HOME ADDRESS:	d 12 HIDY	JE M	01740
HOME PHONE NO.:	122 1100 2.0	/1	
CELL PHONE NO.:	932 442-303	54	
SHOP NAME:	Blended Ski	<u> </u>	
SHOP ADDRESS:	232 Norwo	ad AVE	West Long Branctt
SHOP PHONE NO.:	73249230	34	
SERVICES IN SHOP:	Skincare		
IF YOU ARE PURCHASING OR MOVING THIS BUSINESS, PLEASE COMPLETE THE FOLLOWING:			
FORMER OWNER'S NAME:			
FORMER SHOP NAME:			
FORMER SHOP ADDRI	ESS:		
FORMER SHOP LICEN	SE NO.:	EXPIRA	TION DATE:

PLEASE NOTE SELLER(S) & BUYER(S):

When purchasing an existing shop, be sure to check with the SELLER(S) or with the Board (VIOLATION DEPARTMENT) to see if there are any unpaid violations.

\*\*\*\*\*All outstanding penalties must be satisfied prior to the issuance of your shop license \*\*\*\*\*