

Application for: Barber Shop/Beauty Parlor - Chapter 91
Need Proof of Insurance

Date Issued: _____ License #: _____
Compensation: _____ Type of Business _____
Expiration Date: _____ Fee: **\$150.00**

Note: All information contained herein will be investigated and verified, any false statement will be cause for refusal and revocation of this license. It is further understood that applicant will conform and adhere to all laws applicable and such rules and regulations as may be promulgated by the Incorporated Village of East Rockaway regulating to the use to which this license in applicable.

Name of Applicant _____ Phone # _____
Address: _____ Zip Code _____

Personal Data: Date of Birth _____ Where _____

Citizen _____ Length of Time in Business _____

Have you ever been convicted of a crime? Yes or No

If yes, please give particulars: _____

Name of Business _____ Phone #: _____

Address: _____ Zip Code: _____

Officers: _____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

Property Owner: _____ Phone #: _____

Address: _____ Zip Code: _____

STATE OF NEW YORK}

County of Nassau }

SS:

_____ being duly sworn deposes and says that the individual making the foregoing application: that the answers to the foregoing questions and all other statements contained herein are true.

Sworn to before me this ____ day of _____, 20____.

Notary Public

Applicant's Signature