



**BOROUGH OF ORADELL BOARD OF HEALTH  
2024 SALON LICENSE APPLICATION**

**Return to:**

Office of Board of Health  
Borough of Oradell  
355 Kinderkamack Road  
Oradell, NJ 07649

**For Official Use Only:**

Check# \_\_\_\_\_

Cash \_\_\_\_\_

Total Paid \_\_\_\_\_

Checks made payable to Borough of Oradell  
201-649-9271 or health@oradell.org

**FEE: \$100.00**

**Date:** \_\_\_\_\_

**APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A SALON AS DEFINED IN  
THE ORADELL HEALTH CODE.**

**SALON DBA NAME:** \_\_\_\_\_

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

**Name of Owner :** \_\_\_\_\_

**Address of Owner:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **E-mail** \_\_\_\_\_

IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES  
WITH THE STATUTES, ORDINANCES, RULES AND REGULATIONS OF THE NEW JERSEY  
STATE DEPARTMENT OF HEALTH AND OF THE BOROUGH OF ORADELL.

LICENSE, IF GRANTED IS UPON EXPRESS CONDITION OF FORFEITURE OR REVOCATION OF  
LICENSE IN CASE THE LICENSEE, HIS AGENT OR SERVANT SHALL VIOLATE AGREEMENTS  
AS SET FORTH HEREIN.

\_\_\_\_\_  
OWNER SIGNATURE

**PLEASE RETURN THIS APPLICATION IN ITS ENTIRETY WITH THE APPLICABLE FEE  
ALL LICENSES ARE RENEWABLE IN JANUARY AND EXPIRE ON DECEMBER 31**