



PLAN REVIEW APPLICATION FOR A SALON OR BARBERSHOP

Name of Establishment: _____ Phone: _____

Address of Establishment: _____

Mailing Address (if different) _____

Owner: _____ Phone: _____

Owner's Address: _____

Operator (If different than owner): _____

Type of establishment: Hairdressing Salon Barbershop Nail Salon Other _____

Services Offered: Manicures/Pedicures Hairdressing/Cosmetology

Hair Cutting Other _____

Days and Hours of Operation: _____

Number of Chairs/Stations: _____

Number of Licensed Cosmetologist or Barbers: _____

Signature of Owner/Operator: _____

Fee Due \$ 100.00

Amount Paid \$ _____ Cash _____ Check # _____ Receipt # _____ Date _____