

APPLICATION FOR PERMIT TO WORK

Name of Salon

Salon Address

Salon Registration Number

Salon License Number

Expiration Date

Supervisor's Name

Registration #

License #

Expiration Date

Applicants Signature

Date

Applicant- please PRINT your name clearly

Social Security Number

******ALL INFORMATION MUST BE SUBMITTED ACCURATELY AND
COMPLETELY OR PERMIT APPLICATION WILL BE REJECTED AND RETURNED
TO STUDENT FOR COMPLETION!!!!**

For Office Use Only

Approved: _____

Permit Type: _____

By

Date