



City of NAPOLEON, OHIO

255 RIVERVIEW AVENUE — (419) 592-4010

January 26, 1983

Mayor

Robert G. Heft

Clerk-Treasurer

Rupert W. Schweinhagen

Members of Council

Darel Austermler, President

James Jackson

William Young

Lawrence Haase

Darrell Fox

James Zumfelde

City Manager

Richard A. Hayward

Law Director

Keith P. Muehlfeld

To Whom It May Concern:

The Peacock Beauty Salon has met all the requirements of the OBBC and the Codes of the City of Napoleon for granting a license for business operation. Corrections have been made to the plumbing and electrical to bring the business into conformance.

Yours truly,

Richard G. Hayman
Building Commissioner

RGH:dd



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RECEIVED

OCT 8 - 1982

STATE BOARD OF COSMETOLOGY

Ohio State Board of

cosmetology

66 E. Gay Street / Columbus, Ohio 43215

(614) 466-3834

FEE: \$25.00

Certified Check

OR

Money Order

Payable To Treasurer

of

State

APPLICATION FOR BEAUTY SALON LICENSE

THIS APPLICATION SHOULD BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO YOUR SCHEDULED OPENING DATE

SALON NAME Peacock Beauty Salon

ADDRESS 616 Scott St.

CITY Napoleon STATE Ohio COUNTY Henry ZIP 43545

() NEW SALON Shop Phone # 419 592-2876
() CHANGE OF OWNERSHIP: (Area Code)

WHEN A CHANGE OF OWNERSHIP THE NEW OWNER MUST COMPLY WITH ANY NEW RULES AND REGULATIONS THAT HAVE TAKEN EFFECT SINCE THE ESTABLISHMENT OF THAT SALON

PREVIOUS SALON NAME Peacock Beauty Salon
PREVIOUS SALON ID # 10-61-0798
PREVIOUS SALON ADDRESS 616 Scott St. Napoleon

() CHANGE SALON NAME ONLY: PREVIOUS SALON NAME _____

() CHANGING SALON LOCATION: PREVIOUS SALON ID # _____

SALON ID # _____

PREVIOUS ADDRESS _____

New owner

SALON IS OWNED BY:
() INDIVIDUAL: NAME Cynthia Gebers

HOME PHONE 758-3859 HOME ADDRESS 231 W. Washington
CITY Napoleon STATE Ohio ZIP 43545
SALON COUNTY Henry

() CORPORATION: NAME _____
TELEPHONE _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____

() PARTNERSHIP: NAME _____
HOME PHONE _____ HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____

NAME _____
HOME PHONE _____ HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____

INDICATE MANAGING COSMETOLOGIST WHO WILL BE IN CHARGE OF SALON

Name Cynthia Gebers ID# 12-80-1787

DO YOU CURRENTLY OWN A BEAUTY SALON AT ANOTHER ADDRESS WHICH YOU WILL BE CLOSING?

() NO FORMER SALON NAME _____ ID # _____

() YES SALON ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

FOR OFFICE USE ONLY

ID# _____ RECEIPT # _____ AMOUNT 25.00

