



Application for a License to Operate **Barbershops, Hairdressing, Cosmetology and Nail Salons**

Chesprocott Health District * 1187 Highland Ave. Suite 210 * Cheshire, CT 06410
(203) 272-2761 * www.chesprocott.org

Include with Application:
 Payment to CHD
 Signed Application

Name of Facility: _____ Fee: **Call Office**

Address: _____ City: _____ State: _____ Zip: _____

Business Phone _____ Emergency Phone: _____

Mailing Address (if different from above): _____

Name of Owner: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

Owner Phone: _____ E-mail: _____

Manager's Name (if different from above): _____

<p><u>TYPE OF FACILITY</u> (Check all that apply)</p> <input type="checkbox"/> Hair Salon <input type="checkbox"/> Nail Salon <input type="checkbox"/> Barber Shop <input type="checkbox"/> Full Service Salon <input type="checkbox"/> Hair School <input type="checkbox"/> Other	<p><u>WATER SUPPLY</u></p> <input type="checkbox"/> Public Water <input type="checkbox"/> Private Well	<p><u>SERVICES PROVIDED</u></p> <input type="checkbox"/> Shampoo <input type="checkbox"/> Permanent Makeup <input type="checkbox"/> Braiding <input type="checkbox"/> Hair Cutting <input type="checkbox"/> Massage Services <input type="checkbox"/> Tanning <input type="checkbox"/> Hair Coloring <input type="checkbox"/> Tattoos <input type="checkbox"/> Waxing <input type="checkbox"/> Hair Relaxers <input type="checkbox"/> Facial Grooming <input type="checkbox"/> Other: (explain) <input type="checkbox"/> Pedicures <input type="checkbox"/> Threading <input type="checkbox"/> Manicures <input type="checkbox"/> Micro-Blading
<p><u>TYPE OF APPLICATION</u></p> <input type="checkbox"/> Yearly Renewal <input type="checkbox"/> Change of Owner <input type="checkbox"/> Remodel/Conversion <input type="checkbox"/> New Facility	<p><u>SEWAGE DISPOSAL</u></p> <input type="checkbox"/> Town Sewer <input type="checkbox"/> Septic System	<p><u>DAYS AND HOURS OPEN</u></p> <p>_____</p>

Please provide employee names, Cosmetology/Barbering License Numbers, and expiration dates. Use reverse if more space needed.

I certify that I am the owner of the establishment or the owner's legal representative. I understand that prior to a change in ownership or business name, a new application for a permit must be forwarded to Chesprocott Health District.

(Licenses are not transferable)

SIGNED: _____ DATE: _____

Notice: if a re-inspection is necessary to verify correction of health code violations, a re-inspection fee will be charged. All fees must be paid prior to reissuance of the establishment license. Chesprocott's Cosmetology Operating Licenses may be rescinded for continual health code violations.