



**EAST SHORE DISTRICT HEALTH DEPARTMENT**  
 688 East Main Street-Orchard Research Park, Branford, CT 06405 (203) 481-4233

**APPLICATION TO OPERATE A BARBERING, HAIRDRESSING,  
 COSMETOLOGY, MASSAGE OR TATTOO SHOP**

Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Town: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**Services:** Check all that apply:  Barber Shop  Cosmetology  Hairdressing  
 Tattoo  Massage

**Type of Ownership (Mark one):**  Individual  Partnership  Corporation  
 Workstation renter  Other

*If individual ownership, list owner below, if partnership, list all partners, if corporation, list corporation name and all officers:*

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

<u>BARBERSHOPS, HAIRDRESSING AND COSMETOLOGY SALONS, TATTOO</u>	FEE
<b>Operator/Establishment Permit</b>	
With 1-10 workstations	\$125.00
With 11-20 workstations	\$175.00
With 21+ workstations	\$225.00
<b>MESSAGE PERMIT</b>	
1-3 tables/workstations	\$100.00
4-6 tables/workstations	\$125.00
>6 tables/workstations	\$150.00
2 <sup>nd</sup> Reinspection Fee	\$125.00/inspection
Renewal Permit Application Late Fee	\$15.00/day
Returned Check Fee	\$30.00
Plan Review Fee	\$100.00

I attest that the information supplied here is accurate and correct. I understand that this permit may not be issued or, after issuance, may be suspended, revoked, or not renewed for noncompliance with the *East Shore District Health Department Barbershops, Hairdressing and Cosmetology Shops Code* and/or the *Connecticut Public Health Code*.

Signature & Title \_\_\_\_\_ Type or Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 12/17

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**Number of Workstations:** \_\_\_\_\_ **Number of Barbers, hairdressers, LMT or cosmeticians employed:** \_\_\_\_\_

**Do you rent work space?** \_\_\_\_\_ **If yes, how many stations are rented?** \_\_\_\_\_

**Hours & Days of Operation:** \_\_\_\_\_

**Water Supply:**  Public (RWA)  On-Site Well      **Sewage Disposal:**  City  Septic system

**List all chemicals and sanitizing/disinfection devices used:** \_\_\_\_\_

Check all procedures performed on premises:

- |  |   |
|--|---|
| <input type="checkbox"/> Cutting, trimming, shaving, or singeing the hair<br><input type="checkbox"/> Shampooing, dressing, styling, curling, waving, or weaving the hair<br><input type="checkbox"/> Dyeing, bleaching, or coloring the hair<br><input type="checkbox"/> Application of cosmetic preparations, tonics, antiseptics, powders, oils, clays, creams, or lotions to the head, scalp, face, or neck<br><input type="checkbox"/> Facial or scalp massage<br><input type="checkbox"/> Massaging, cleansing, exercising, stimulating, or manipulating, with the hands or mechanical appliances, the head, scalp, face, neck, arms, hands, body, legs, or feet | <input type="checkbox"/> Application of cosmetics, oils, creams, antiseptics, tonics, powders, clays, lotions, or other preparations, either by hand or mechanical appliance, to the head, scalp, face, neck, arms, hands, body, legs, or feet<br><input type="checkbox"/> Manicures<br><input type="checkbox"/> Pedicures<br><input type="checkbox"/> Hair removal by waxing<br><input type="checkbox"/> Eyebrow arching<br><input type="checkbox"/> Electrolysis<br><input type="checkbox"/> Other: _____<br>_____<br>_____ |
|--|---|

**\*\*Health Alert Network – To receive health alert notifications, please provide**

**fax number(\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_**

**\*\*For all new establishments, establishments undergoing renovation or with new owners, the following departments must sign this application prior to permitting your establishment: (12/19/13)**

**Zoning Department:** \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Building Department:** \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fire Department:** \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**EAST SHORE HEALTH DEPARTMENT:** \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_