



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

FOR OFFICE USE ONLY:

Date: _____ Fee: _____ Payment Type: _____ Receipt #: _____ Paid by: _____

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

Date: _____

Business Name: _____ Phone: (__) _____

Business Address: _____ Town: _____ Zip _____

Mailing Address: _____ Town: _____ Zip: _____

Email _____

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:

Owner/Renter's Name: _____ Phone _____

Home Address: _____ Town: _____ Zip: _____

Owner/Renter's Name: _____ Phone _____

Home Address: _____ Town: _____ Zip: _____

<u>BARBERSHOPS, HAIRDRESSING AND COSMETOLOGY SALONS, TATTOO</u>	FEE
Operator/Establishment Permit	
Renter or 1 workstation	\$150.00
With 2-10 workstations	\$175.00
With 11-20 workstations	\$200.00
With 21+ workstations	\$250.00
MESSAGE PERMIT	
1 table/workstation	\$125.00
2-4 tables/workstations	\$150.00
>5 tables/workstations	\$175.00
Re-Inspection Fee	\$75.00
2 nd Reinspection Fee	\$125.00
Renewal Permit Application Late Fee	\$15.00/day
Returned Check Fee	\$20.00
Plan Review Fee	\$125.00

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 _____

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OWNER OF ESTABLISHMENT: Total number of Workstations: _____ Number of Barbers, hairdressers, LMT or cosmeticians employed: _____

Do you rent out work space? _____ If yes, how many stations are rented? _____

RENTER: Number of workstations you are renting: _____

Hours & Days of Operation: _____

List all chemicals and sanitizing/disinfection devices used: _____

Check all procedures performed on premises:

- Cutting/trimming hair
- Shampooing, dressing, styling, curling, waving, or weaving the hair
- Coloring hair
- Tattoo
- Massaging, cleansing, exercising, stimulating, or manipulating, with the hands or mechanical appliances, the head, scalp, face, neck, arms, hands, body, legs, or feet

- 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
- Manicures
- Pedicures
- Hair removal by waxing
- Eyebrow arching
- Eyelash extensions
- Other: _____

Water Supply: Public (RWA) On-Site Well

Sewage Disposal: City Septic system

****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 DISTRICT HEALTH DEPARTMENT: _____
Signature Date