



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

FOR OFFICE USE ONLY:

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

**PERMIT APPLICATION TO OPERATE A BARBERING, HAIRDRESSING,
COSMETOLOGY OR TATTOO ESTABLISHMENT**

Date: _____

Business Name: _____ Phone: () _____

Business Address: _____ Town: _____ Zip _____

Mailing Address: _____ Town: _____ Zip _____

Email _____

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: _____

BARBERSHOPS, HAIRDRESSING AND COSMETOLOGY SALONS, TATTOO	FEE
OPERATOR/ESTABLISHMENT PERMIT	
RENTER or 1 workstation	\$150.00
2-10 workstations	\$175.00
11-20 workstations	\$200.00
With 21+ workstations	\$250.00
Re-Inspection Fee	\$75.00
2nd 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 Health District Health Department Regulations Pertaining to Barbershops, hairdressing, and cosmetology shops* code and/or the *Connecticut Public Health Code*.

Signature & Title

Type or Print Name

Date

OWNER OF ESTABLISHMENT: Total number of Workstations: _____

Number of Barbers, hairdressers cosmeticians or tattoo technicians 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, shaving, or singeing the hair | ☐ Hair removal by waxing |
| ☐ Shampooing, dressing, styling, curling, waving, or weaving the hair | ☐ Eyebrow arching |
| ☐ Dyeing, bleaching, or coloring the hair | ☐ Electrolysis |
| ☐ Application of cosmetic preparations, tonics, antiseptics, powders, oils, clays, creams, or lotions to the head, scalp, face, or neck | ☐ 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 |
| ☐ Facial or scalp massage | ☐ Tattoo |
| ☐ Manicures | ☐ Microblading |
| ☐ Pedicures | ☐ 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:**

Zoning Department: _____
Signature Date

Building Department: _____
Signature Date

Fire Department: _____
Signature Date

East Shore Health District: _____
Signature Date