

EAST SHORE DISTRICT HEALTH DEPARTMENT
 14 Business Park Drive, Branford, CT 06405 (203) 481-4233

**APPLICATION TO OPERATE A BARBERING,
 HAIRDRESSING, or COSMETOLOGY SHOP**

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

Services: Barber Shop Cosmetology Only Hairdressing Only Hairdressing & Cosmetology

Type of Ownership (Mark one): Individual Partnership Corporation 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: _____

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<u>BARBERSHOPS, HAIRDRESSING AND COSMETOLOGY SALONS</u>	FEE
Operator/Establishment Permit	
With 1-10 work stations	\$100.00
With 11-20 work stations	\$150.00
With 21+ work stations	\$200.00
2 nd Reinspection Fee	\$100.00/inspection
Renewal Permit Application Late Fee	\$10.00/day
Returned Check Fee	\$25.00
Plan Review Fee	\$75.00

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 _____
 7/09

**APPLICATION TO OPERATE A COSMETOLOGY SHOP
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Number of Workstations: _____ Number of Barbers, hairdressers, 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
<input type="checkbox"/> Shampooing, dressing, styling, curling, waving, or weaving the hair
<input type="checkbox"/> Dyeing, bleaching, or coloring the hair
<input type="checkbox"/> Application of cosmetic preparations, tonics, antiseptics, powders, oils, clays, creams, or lotions to the head, scalp, face, or neck
<input type="checkbox"/> Facial or scalp massage
<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
<input type="checkbox"/> Manicures
<input type="checkbox"/> Pedicures
<input type="checkbox"/> Hair removal by waxing
<input type="checkbox"/> Eyebrow arching
<input type="checkbox"/> Electrolysis
<input type="checkbox"/> Other: _____

_____ |
|--|---|

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

fax number() _____ **E-mail address** _____

****For all new establishments, or establishments undergoing renovation, the following departments must sign this application prior to permitting your establishment: (3/1/06)**

Zoning Department:	Signature	Date
Building Department:	Signature	Date
Fire Department:	Signature	Date
EAST SHORE HEALTH DEPARTMENT:	Signature	Date