



**APPLICATION TO OPERATE A COSMETOLOGY SHOP  
(PAGE 2)**

**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<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 \_\_\_\_\_**

<b>**For all <u>new</u> establishments, or <u>establishments undergoing renovation</u>, the following departments must sign this application prior to permitting your establishment: (3/1/06)</b>		
Zoning Department:	Signature	Date
Building Department:	Signature	Date
Fire Department:	Signature	Date
EAST SHORE HEALTH DEPARTMENT:	Signature	Date