



**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: \_\_\_\_\_

<b><u>BARBERSHOPS, HAIRDRESSING AND COSMETOLOGY SALONS, TATTOO</u></b>	<b>FEE</b>
<b>Operator/Establishment Permit</b>	
Renter or 1 workstation	\$125.00
With 2-10 workstations	\$150.00
With 11-20 workstations	\$175.00
With 21+ workstations	\$225.00
<b><u>MASSAGE PERMIT</u></b>	
1 table/workstation	\$100.00
2-4 tables/workstations	\$150.00
>5 tables/workstations	\$175.00
Failed Inspection Fee	\$75.00
2 <sup>nd</sup> 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 \_\_\_\_\_

**APPLICATION TO OPERATE A BARBERING, HAIRDRESSING,  
MASSAGE, COSMETOLOGY OR TATTOO SHOP  
(PAGE 2)**

**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