



2080 Silas Deane Highway, Suite 100, Rocky Hill, CT 06067

Phone: (860) 785-8380 Fax: (860) 785-8533
www.ccthd.org

PUBLIC HEALTH for BERLIN, NEWINGTON, ROCKY HILL, & WETHERSFIELD

BARBERSHOP, BEAUTY SALON, NAIL SALON LICENSE APPLICATION

Expires annually on September 30

(All areas **must** be filled in)

Name Of Establishment _____

Address _____ Phone # _____

Mailing Address (If different from above) _____

Operators Name _____ Phone # _____

Operators State of CT License # _____ Original Date License Issued _____

Address _____

Email Address _____

Owners Name _____ Phone # _____

Address _____

Email Address _____

SIGNATURE OF OWNER _____ DATE _____

Services Provided: Barbering Hairdressing Manicures Pedicures
 Eyelashes Waxing Esthetics (skincare)

Please List **ALL** Barber, Nail Technician, Eyelash Technician, Estheticians Employed

Please include their State of CT License Number

Name _____ CT License # _____ Name _____ CT License # _____ Name _____ CT License # _____

Number of Stations: _____

ANNUAL FEE (Check Appropriate Amount)

- 1 - 4 Stations \$105.00
- 5 -9 Stations \$140.00
- 10 + Stations \$170.00

Make checks only payable to "Central Connecticut Health District"

Mail form and fee to: Central Connecticut Health District, 2080 Silas Deane Highway, Rocky Hill, CT 06067

OFFICE USE ONLY-Received _____ Check # _____ Entered _____ License Issued _____

APPROVED _____ Date _____ Late Fee _____ Date _____ Mailed _____

Director of Health or authorized representative