



APPLICATION TO OPERATE A SALON OR BARBERSHOP

Facility Information			Owner/Representative Information				
Name of Facility			Name of Corporation, Organization or Individual				
Contact Person			Contact Person				
Email Email will be the main form of communication to establishment			Email				
Telephone			Telephone				
Physical Address			Address				
City	State	Zip	City	State	Zip		
Mailing Address (if different from above)			Mailing Address (if different from above)				
City	State	Zip	City	State	Zip		
Operator (if different than owner)							
Email Email will be the main form of communication to establishment			Alternate Email				
Telephone			Alternate Telephone				
Type of Establishment							
(Check all that apply)							
Hairdressing *	<input type="checkbox"/>	Cosmetology	<input type="checkbox"/>				
Barbering	<input type="checkbox"/>	Nail Technology	<input type="checkbox"/>				
* See Regulations Section 1.1.1 Definitions for "Hairdressing and Cosmetology"							
Services Offered							
(Check all that apply)							
Cosmetology	<input type="checkbox"/>	Massage	<input type="checkbox"/>	Esthetics/Facials	<input type="checkbox"/>	Other (Please Explain)	
Hairdressing	<input type="checkbox"/>	Manicures	<input type="checkbox"/>	Eyebrow Arching	<input type="checkbox"/>		
Hair Cutting	<input type="checkbox"/>	Pedicures	<input type="checkbox"/>	Eyelash Extensions	<input type="checkbox"/>		
Braiding Hair	<input type="checkbox"/>	Foot Baths	<input type="checkbox"/>	Threading	<input type="checkbox"/>		
Waxing	<input type="checkbox"/>	Tanning	<input type="checkbox"/>	Microblading	<input type="checkbox"/>		
Days/Hours of Operation							
Monday _____ to _____		Wednesday _____ to _____		Friday _____ to _____		Sunday _____ to _____	
Tuesday _____ to _____		Thursday _____ to _____		Saturday _____ to _____			

Salon Information			
		Quantity	
Total Number of Chairs			
Total Number of Stations			
Total Number of Hand Sinks		See Regulations Section 1.12 Equipment and Facilities	
Hairdresser/Cosmetician		Please include all CT Licensed employees working in establishment	
Barber			
Nail Technician			
Nail Technician Trainee			
Eyelash Technician			
Esthetician			
Massage Therapist			
Tattoo Technician			
Type of Disinfection			
(Check all types used)			
Quaternary Ammonium		Lysol	
Boiling Water		Commercial Formalin	
		Alcohol	
		Lubricant Sanitizer	
			*Other EPA Registered Disinfectants
*Please Specify			
UV Light is Not an Approved Method of Disinfection			
Water Supply		Sewage Disposal	
(Indicate source in appropriate box below)		(Indicate type in the appropriate box below)	
Source		Public Sewer	
Registered Public Supply		Septic System *	
PWSID #		* Please submit a copy of the most recent water test (Must be taken with in last 3 months) and a copy of latest pump out for septic system	
Private Well *			
Signatures			
Owner/Representative Name (please print)			
Owner/Representative Signature			Date

For District Use Only:	
Fee Paid _____	Fees
Date _____	A non-refundable application fee of \$100.00.
Cash _____	Make check or money order payable to:
Check/MO _____	Uncas Heath District
Credit Card _____	401 West Thames Street, Suite 106
Receipt No. _____	Norwich, CT 06360