

Number of Pedicure Chairs: _____ **Number of Manicure Stations:** _____

Number of Barbering Chairs: _____ **Number of Treatment Rooms:** _____

TOTAL # OF CHAIRS, STATIONS & ROOMS: _____

Number of Licensed Individuals employed: _____

You must include copies of all CT licenses of service providers as required by State of CT General Statutes and Division of Health Systems Regulation. *See following attachment for new CT license requirements.

Are you sub-renting chairs or sub-leasing space? _____ If so, please include a copy of your written agreement.

Check all procedures performed on premises:

- Hair braiding
- Cutting, trimming, shaving, or singeing the hair
- Shampooing, dressing, styling, curling, waving, or weaving the hair
- Dyeing, bleaching, or coloring the hair
- Facials, cleansing, application of cosmetic preparations, tonics, antiseptics, powders, oils, clays, creams, or lotions to the head, scalp, face, or neck
- Microdermabrasion
- Eyebrow arching, threading
- Eyelash extensions
- Hair removal by waxing (which body parts) _____
- Manicures
- Pedicures
- Massaging or manipulating the head, scalp, face, neck, arms, hands, body, legs, or feet; includes all types of massage therapy and reflexology.

If you perform any of the following services, please see attachment with additional requirements.

- Tattooing, permanent makeup, microblading
- Hair removal by electrolysis
- Body piercings

If laundering is required and is not proposed on site. List the name and address of the commercial service to be used. Washing/drying at home is not allowed.

Water Supply: Public Private **Sewage Disposal:** City Sewer Septic system

List all chemicals and sterilizing devices used for sanitizing/disinfecting purposes: _____
