ASPETUCK HEALTH DISTRICT



180 Bayberry Lane, Westport, CT 06880-2855 *Telephone: (203) 227-9571*

FEE: \$	APPLICATIO	ON TO OPERA	TE A COS	SMETOLO	OGY SHOP	Fee is Non-Refundable	
Business Name:				Phor	ne:()		
						ZIP:	
Services:	☐ Barber Shop ☐ Hairdressing Shop		tology Sho nent Make-		☐ Massage ☐ Botox	☐ Piercing ☐ Laser Treatments	
Type of Own	nership: (Mark one)	☐ Individual	☐ Par	tnership	□ Corporat	tion	
If Individual Owne	ership:						
Name:			_Phone: (_)	Cell: ()	
Home Address: _				Town:		Zip:	
If Partnership, Lis	t all Partners:						
Name:			_Phone: (_)	Cell: ()	
Home Address: _				Town:		Zip:	
Name:			_Phone: (_)	Cell: ()	
Home Address: _				Town:		Zip:	
Name:			_Phone: (_)	Cell: ()	
Home Address: _				Town:		Zip:	
If Corporation, list	Corporation Name	and all Officers:					
			Pho	ne: () Ce	11: ()	
_						Zip:	
						ell: ()	
						Zip:	
)	
						Zip:	
Secretary:)	
						Zip:	
-)	
						ZIP:	
after issuance, may	ormation supplied here be suspended, revoke for the <i>Connecticut Sta</i>	ed, or not renewed	for nonco	nderstand t	hat this permit	may not be issued or,	
Signature	e and Title	<u> </u>	TYPE or I	Print Name		Date	
		For Offic	e Use Only				
Date Application Approv	Date Application Approved: Date Permit Issued:				Date Permit Ma	ailed/Delivered:	
By:	By:				Ву:		

Cosmetology Establishment Information Sheet

Num	ber of Pedicure Chairs: Number of Manicure Stations:
Num	ber of Barbering Chairs: Number of Treatment Rooms: TOTAL # OF CHAIRS, STATIONS & ROOMS:
umber	of Licensed Individuals employed:
	t include copies of all CT licenses of service providers as required by State of CT General and Division of Health Systems Regulation. *See following attachment for new CT license ents.
re you	sub-renting chairs or sub-leasing space? If so, please include a copy of your written
greemei	nt.
heck al	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 al types of massage therapy and reflexology.
f you pe	rform any of the following services, please see attachment with additional requirements.
	Tattooing, permanent makeup, microblading
	Hair removal by electrolysis
	Body piercings
	g is required and is not proposed on site. List the name and address of the commercial service used. Washing/drying at home is not allowed.
Vater Su	pply: Public Private Sewage Disposal: City Sewer Septic syst
·-4 - 11 -1	nemicals and sterilizing devices used for sanitizing/disinfecting purposes: