

Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880
 T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

APPLICATION TO OPERATE A COSMETOLOGY SHOP

Business Name: _____ **Phone:**(____) _____

Email Address: _____ **Fax:** _____

Business Address: _____ **Town:** _____

Mailing Address: _____ **Town:** _____ **ZIP:** _____

Services:

| | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Barber Shop | <input type="checkbox"/> Cosmetology Shop | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Hairdressing Shop | <input type="checkbox"/> Permanent Make-up/Tattoo | <input type="checkbox"/> Piercing |

Type of Ownership: (Mark one) ☐ Individual ☐ Partnership ☐ Corporation ☐ Other

If Individual Ownership:

Name: _____ Phone: (____) _____ Cell: (____) _____
 Home Address: _____ Town: _____ ZIP: _____

If Partnership, List 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:

Corporation Name: _____ Phone: (____) _____ Cell: (____) _____
 Address: _____ Town: _____ ZIP: _____

President: _____ Phone: (____) _____ Cell: (____) _____
 Home Address: _____ Town: _____ ZIP: _____

Vice President: _____ Phone: (____) _____
 Home Address: _____ Town: _____ ZIP: _____

Secretary: _____ Phone: (____) _____
 Home Address: _____ Town: _____ ZIP: _____

Treasurer: _____ Phone: (____) _____
 Home Address: _____ Town: _____ ZIP: _____

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 *Aspetuck Health District Sanitary Code* and/or the *Connecticut State Public Health Code*.

 Signature and Title

 TYPE or Print Name

 Date

For Office Use Only

| | | |
|----------------------------|---------------------|-------------------------------|
| Date Application Approved: | Date Permit Issued: | Date Permit Mailed/Delivered: |
| By: | By: | By: |

Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880

T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

Cosmetology Establishment Information Sheet

| | |
|---|---|
| Number of Pedicure Chairs: _____ | Number of Manicure Stations: _____ |
| Number of Barbering/Cosmetology Chairs: _____ | Number of Treatment Rooms: _____ |
| TOTAL # OF CHAIRS, STATIONS & TREATMENT ROOMS: _____ | |

Water Supply: ☐ Public ☐ Private Well (Provide current well water analysis)

Sewage Disposal: ☐ City Sewer ☐ Septic system

Number of Licensed Individuals employed: _____

You must include copies of all CT licenses of service providers, as well as a government-issued photo ID for each. *See following attachment for new CT license requirements.

Do you rent chairs or lease space to another business entity, or do any other businesses operate out of your establishment? ☐ Yes ☐ No

If yes, please list any and all business entities here: _____

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 (any associate massage requires massage licensure)
- ☐ Pedicures (any associate massage requires massage licensure)
- ☐ 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
- ☐ 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.

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



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880
 T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

New license requirements by the Connecticut Department of Public Health for the following professions:

On and after July 1, 2020, except as allowed by law, no person may practice as an aesthetician without obtaining a license or temporary permit from the Department of Public Health. “Esthetics” means services related to skin care treatments, (A) including, but not limited to, cleansing, toning, stimulating, exfoliating or performing any similar procedure on the human body while using cosmetic preparations, hands, devices, apparatus or appliances to enhance or improve the appearance of the skin; makeup application; beautifying lashes and brows; or removing unwanted hair using manual and mechanical means, and (B) excluding the use of a prescriptive laser device; the performance of a cosmetic medical procedure, as defined in section 19a-903c; any practice, activity or treatment that constitutes the practice of medicine; makeup application at a rented kiosk located in a shopping center or the practice of hairdressing and cosmetology by a hairdresser and cosmetician licensed pursuant to this chapter that is within such licensee's scope of practice.

On and after July 1, 2020, except as allowed by law, no person may practice as an eyelash technician without obtaining a license or temporary permit from the Department of Public Health. “Eyelash technician” means a person, who for compensation performs individual eyelash extensions, eyelash lifts or perms and eyelash color tints.

On and after January 1, 2021, except as allowed by law, no person may practice as a nail technician without obtaining a license or temporary permit, or a nail technician trainee license from the Department of Public Health. “Nail technician” means a person who for compensation cuts, shapes, colors, cleanses, trims, polishes or enhances the appearance of the nails of the hands or feet, excluding any practice, activity or treatment that constitutes the practice of medicine.

To obtain the appropriate license, you must contact the Connecticut Department of Public Health at 860-509-8000 or visit their website at portal.ct.gov/dph.