

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

### APPLICATION TO OPERATE A COSMETOLOGY SHOP

**Business Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Town/State:** \_\_\_\_\_ **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/State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**If Partnership, List all Partners:**

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Town/State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Town/State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Town/State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**If Corporation, list Corporation Name and all Officers:**

**Corporation Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Town/State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**President:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Town/State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Vice President:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Town/State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Town/State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Town/State:** \_\_\_\_\_ **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:

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### **Cosmetology Establishment Information Sheet**

<b>Number of Pedicure Chairs:</b> _____	<b>Number of Manicure Stations:</b> _____
<b>Number of Barbering/Cosmetology Chairs:</b> _____	<b>Number of Treatment Rooms:</b> _____
<b>TOTAL # OF CHAIRS, STATIONS &amp; TREATMENT ROOMS:</b> _____	

**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.**

**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 associated massage requires massage licensure)
- ☐ Pedicures (any associated 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.
- ☐ Tattooing, permanent makeup, microblading
- ☐ Body piercings
- ☐ Other \_\_\_\_\_

**If laundering is required and is not performed on site, list the name and address of the commercial service used. Washing/drying at home is not allowed.** \_\_\_\_\_

**List all chemicals and sterilizing devices used for sanitizing/disinfecting purposes:** \_\_\_\_\_