

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/State:** _____ **ZIP:** _____

Services: Barber Shop Cosmetology Shop Massage
 Hairdressing Shop Permanent Make-up/Tattoo 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

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.

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: _____