



# North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 \* (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 \* (860) 872-1501 Fax (860) 872 1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 \* (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 \* (860) 684-5609 Fax (860) 684-1768

## BARBERSHOP, BEAUTY SALON, NAIL SALON LICENSE APPLICATION/RENEWAL FORM

Expires annually on December 31st

(All statements must be filled in)

NAME OF ESTABLISHMENT: \_\_\_\_\_ Phone No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOURS & DAYS OF OPERATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF OPERATOR: \_\_\_\_\_ Phone No. \_\_\_\_\_

STATE OF CT LICENSE NO. \_\_\_\_\_ DATE FIRST ISSUED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ Phone No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_

\*\*\*NOTE: There will be no refunds of Salon licensure fees.

Water Supply: Public Water  Private Well  SHD  Total Number of Stations: \_\_\_\_\_

Sewage Disposal: Public Sewer  Septic System:  Size of Tank \_\_\_\_\_ Date Last Pumped \_\_\_\_\_

Services Provided:  Barbering  Hairdressing  Manicures  Pedicures  Massage  Waxing  
 Esthetician  Eyelash Technician  Combination

CT Licensed Cosmetologist/Barber/ Nail Technician/Eyelash Technician/Combination/Esthetician

Please include name and license number

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

CT Dept. of Labor Apprentices:

1. \_\_\_\_\_ 2. \_\_\_\_\_

### ANNUAL LICENSURE FEES

- 1-6 Stations \$175
- 7-12 Stations \$250
- 13+ Stations \$300

Reinspection Fee (if required) \$125

Reinspection Fee due to Failed Inspection \$300

Payments may be made via check/money order or credit card by phone. You may also pay online via credit/debit card. Checks/Money Orders should be made payable to NCDHD and mailed to:

North Central District Health Department  
31 North Main Street  
Enfield, CT. 06082