



**BARBERSHOP, BEAUTY SALON, NAIL SALON LICENSE APPLICATION / RENEWAL FORM FY 2022/2023**

**Name of Establishment:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_

**Salon Phone #:** \_\_\_\_\_ **Number of Stations**  1 -6 Stations  Over 6 Stations

**Services**  Barbering  Hairdressing  Manicures  Pedicures  Other

**Hours of Operation** \_\_\_\_\_

**Changes** \_\_\_\_\_

**Name of Operator** \_\_\_\_\_

**Cosmetologist License #:** \_\_\_\_\_ **Date First Issued** \_\_\_\_\_

**Operator Address** \_\_\_\_\_

**Operator Phone #** \_\_\_\_\_

**Changes** \_\_\_\_\_

**Name of Owner** \_\_\_\_\_

**Owner Address** \_\_\_\_\_

**Owner Phone #** \_\_\_\_\_

**Changes** \_\_\_\_\_

**Licensed Cosmetologists Working at Establishment:**

<b>Name</b>	<b>CT License #</b>	<b>Name</b>	<b>CT License #</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*The undersigned agrees to comply with all the Sanitary Regulations and Ordinances of the State of Connecticut and the Housatonic Valley Health District. This license may be suspended or revoked by the Director of Health for non compliance with public health regulations APPLICATION FEES ARE NON-REFUNDABLE*

**Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_