



Housatonic Valley Health District
License Application for Salons, Bodycare, Massage
And Tattoo Shops

1-6 Stations: \$110

6+ Stations: \$170

Fees Must be made payable to HVHD

Name of Establishment _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Check here if this is mailing address

Name of Operator/Owner _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Check here if this is mailing address

- Services:** Hairdressing Barbering Manicures Pedicures
 Tattooing Massage Waxing Facials
 Other: Please Specify: _____

Number of Stations: 1 - 6 Stations Over 6 Stations

Hours of Operation: M _____ T _____ W _____ TH _____ F _____ SA _____ SU _____

Licensure for Staff Working at Establishment:

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

*The undersigned agrees to comply with all 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.***

Signature _____ Date _____

Print Name _____

FOR DISTRICT USE ONLY:

<input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____	Date Paid _____	\$ Amount _____	Rec'd by _____
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License Issued: _____