



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

1 Station: \$65
 2-6 Stations: \$110
 7 or more 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 Station 2-6 Stations 7 or More 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: _____