



BRISTOL-BURLINGTON HEALTH DISTRICT

240 Stafford Avenue
Bristol, CT 06010-4617

Tel: (860) 584-7682 • Fax: (860) 584-3814 • www.bbhd.org

APPLICATION FOR Barber Shop/Beauty Salons/Cosmetology/Nail Salon License

May 1, 2016 – April 30, 2017

License No. _____

Name of Business: _____

Business Address (Number, Street, Town): _____

Mailing Address (if different): _____

Business Owner and Address: _____

Business Manager and Address (if different): _____

Business Phone (include area code): _____ Business Fax: _____

Cell Phone/Alternate Phone: _____ E-mail address: _____

Type of Operation: Barber Shop _____ Beauty Salon _____ Other _____

Services Provided (check all that apply): Barbering __ Hairdressing __ Manicures __ Pedicures __ No. of Chairs __

NAMES of ALL State of Connecticut Barber or State of Connecticut Hairdresser/Cosmetician Licensed Personnel: _____

Hours of Operation: _____

Water Supply: Public Water _____ Private Well _____ Date of Last Water Sample _____

Septic System: Public Sewer _____ Septic System _____

Applicant Signature: _____ Date: _____

THE FEE OF _____ MUST BE PAID WHEN FILING APPLICATION.

For Office Use Only

Date Application Received: _____ Processed by: _____

Fee Paid: _____ Payment Type: _____ Licenses Received: _____

*** NOTE: If incomplete, application will be returned.**