



## BRISTOL-BURLINGTON HEALTH DISTRICT



240 Stafford Avenue, Bristol, Connecticut 06010-4617 Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

## HAIRDRESSERS AND COSMETICIANS LICENSE APPLICATION

	(BARBERS, BEAU'	I'Y SALONS, NAIL SALO	NS, SPAS)	
Date: License for May		7 1st through April 30th	One (1) to Six (6) Chairs Seven (7) to Fifteen (15) Chairs Greater than Fifteen (15) Chairs	\$125.00 \$175.00 \$225.00
Dusiness Name			Plan Review	\$100.00
Business Name:		Phone #:		
Business Address:			Town:	
*Business Operator(s):				
(see below for Hair Salon/Barber Shop) Prin	t Name	Hom	ne Address	
Phone #:		Email:		
Business Owner(s):	int Name	ш.	ome Address	
Phone #:		Email:		
Type(s) of Service(s):Barberin	gHairdressing	Manicuresl	PedicuresOther:	
Total # of chair(s):		Shampoo Sink(s)	Shower(s):	
Water Supply (circle): Public water	r / Well water	Sewer System	(circle): Public sewer / Septic Sys	tem
Commercial laundry service (pick	vashing at home is prob- up and delivery). Prov	nibited). Provide name:	noved sanitizer (bleach or other).  nd Cosmeticians. Include # of years	licensed:
sanitary condition by the department whene to enter and inspect any such shop during u- commissioner, or the commissioner's design operating a hairdressing shop on May 17 and cosmetician for not less than two yea *Per CT General Statute Sec. 20-238. Dis	ver the department deems sual business hours. If any nee, shall make written or , 1982, may operate any rs. ciplinary action; grounds	s it necessary, and any authoriz y hairdressing shop, upon such der that such shop be placed in hairdressing shop unless such. Requirement for operation of	I hairdressing shops shall be inspected regardiced representative of the department shall have inspection, is found to be in an unsanitary con a sanitary condition. No person, other than the person has been licensed as a registered I shop. (b) No person, other than a person or used as a registered barber for not less than	e full power ndition, the a person hairdresser perating a
To the best of my knowledge, the changes.	information provid	ed above is true and acc	curate. I agree to notify this departn	nent of
Signature:	]	Print Name:	Date:	
*********	*********	Office Use Below*****	***********	*****
Notes:				
Date Paid: Amo	ount Paid:	License #:	Date Lic. Issued:	