



## APPLICATION TO OPERATE A SALON OR BARBERSHOP

Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Operator (If different than owner): \_\_\_\_\_

Type of establishment:  Hairdressing Salon  Barbershop  Nail Salon  Other \_\_\_\_\_

Services Offered:  Manicures/Pedicures  Hairdressing/Cosmetology  
 Hair Cutting  Other \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Number of Chairs/ Stations: \_\_\_\_\_

Number of Licensed Cosmetologist or Barbers: \_\_\_\_\_ (Include a copy of each person's license)

Sewage Disposal:  Public Sewer  Septic System

Water Supply:  Public Water System  Well

Type of Disinfection:  Chemical What chemical is used? \_\_\_\_\_

Non-Chemical What Type? \_\_\_\_\_  
(If UV Light is used, specifications on the system must be provided)

Signature of Owner: \_\_\_\_\_

Fee Due \$ \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_