



APPLICATION TO OPERATE A SALON OR BARBERSHOP

Facility Information			Owner/Representative Information		
Name of Facility			Name of Corporation, Organization or Individual		
Contact Person <i>(if different than Owner)</i>			Owner/Contact Person		
Email Email will be the main form of communication to establishment			Owner Email		
Facility Telephone Number			Owner Telephone Number		
Physical Address of Salon Facility			Owner Address		
City/Town	State	Zip	City/Town	State	Zip
Mailing Address <i>(if different from above)</i>			Mailing Address <i>(if different from above)</i>		
City/Town	State	Zip	City/Town	State	Zip
Operator (if different than owner)					
Email Email will be the main form of communication to establishment			Alternate Email		
Operator Telephone Number			Alternate Telephone Number		
Type of Establishment <i>(Check all that apply)</i>					
Hairdressing * <input type="checkbox"/>		Cosmetology <input type="checkbox"/>			
Barbering <input type="checkbox"/>		Nail Technology <input type="checkbox"/>			
<i>* See Regulations Section 1.1 Definitions for "Hairdressing and Cosmetology"</i>					
Services Offered <i>(Check all that apply)</i>					
Cosmetology	<input type="checkbox"/>	Massage	<input type="checkbox"/>	Esthetics/Facials	Other (Please Explain)
Hairdressing	<input type="checkbox"/>	Manicures	<input type="checkbox"/>	Eyebrow Arching	
Hair Cutting	<input type="checkbox"/>	Pedicures	<input type="checkbox"/>	Eyelash Extensions	
Braiding Hair	<input type="checkbox"/>	Foot Baths	<input type="checkbox"/>	Threading	
Waxing	<input type="checkbox"/>	Tanning	<input type="checkbox"/>	Microblading	
Days/Hours of Operation					
Monday	_____ to _____	Wednesday	_____ to _____	Friday	_____ to _____
Tuesday	_____ to _____	Thursday	_____ to _____	Saturday	_____ to _____
				Sunday	_____ to _____

Salon Information	
	Quantity
Total Number of Chairs	<input style="width: 50px;" type="text"/>
Total Number of Stations	<input style="width: 50px;" type="text"/>
Total Number of Hand Sinks	<input style="width: 50px;" type="text"/> See Regulations Section 1.12 Equipment and Facilities
Hairdresser/Cosmetician	Please include all CT Licensed employees working in establishment
Barber	
Nail Technician	
Nail Technician Trainee	
Eyelash Technician	
Esthetician	
Massage Therapist	
Tattoo Technician	
Tattoo Technician	
Type of Disinfection	
<i>(Check all types used)</i>	
Quaternary Ammonium <input style="width: 30px;" type="checkbox"/>	Lysol <input style="width: 30px;" type="checkbox"/>
Boiling Water <input style="width: 30px;" type="checkbox"/>	Commercial Formalin <input style="width: 30px;" type="checkbox"/>
	Alcohol <input style="width: 30px;" type="checkbox"/>
	Lubricant Sanitizer <input style="width: 30px;" type="checkbox"/>
	* Other EPA Registered Disinfectants <input style="width: 30px;" type="checkbox"/>
*Please Specify _____	
UV Light is Not an Approved Method of Disinfection	
Water Supply	Sewage Disposal
<i>(Indicate source in appropriate box below)</i>	<i>(Indicate type in the appropriate box below)</i>
Source	Public Sewer <input style="width: 50px;" type="checkbox"/>
Registered Public Supply <input style="width: 50px;" type="checkbox"/>	Septic System * <input style="width: 50px;" type="checkbox"/>
PWSID # _____	* Please submit a copy of the most recent water test (Must be taken with in last 3 months) and a copy of latest pump out report for septic system
Private Well * <input style="width: 50px;" type="checkbox"/>	
Signature	
Owner/Representative Name <i>(please print)</i> _____	
Owner/Representative Signature _____	Date _____
<u>For District Use Only:</u>	
Fee Paid _____	Fees
Date _____	Non-Refundable Salon License Application Fee of \$150.00. Salon License Late Fee of \$75.00 for Renewal Paid after June 30th.
Cash _____	Make check or money order payable to:
Check/MO _____	Uncas Heath District
Credit Card _____	401 West Thames Street, Suite 106
Receipt No. _____	Norwich, CT 06360

Uncas Health District

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