

Number of Pedicure Chairs: _____	Number of Manicure Stations: _____
Number of Barbering Chairs: _____	Number of Treatment Rooms: _____
TOTAL # OF CHAIRS, STATIONS & ROOMS: _____	

Number of barbers, hairdressers, or cosmeticians employed: _____

Number of barbers, hairdressers, or cosmeticians renting a chair: _____

Number of barbers, hairdressers, or cosmeticians leasing/renting space: _____

Do you have a written agreement? _____ **If so, please include a copy with your application.**

Water Supply: Public Private **Sewage Disposal:** City Septic system

List all chemicals and sterilizing devices used for sanitizing/disinfecting purposes: _____

Check all procedures performed on premises:

- Cutting, trimming, shaving, or singeing the hair.
- Shampooing, dressing, styling, curling, waving, or weaving the hair.
- Dyeing, bleaching, or coloring the hair.
- Application of cosmetic preparations, tonics, antiseptics, powders, oils, clays, creams, or lotions to the head, scalp, face, or neck.
- Facial or scalp massage.
- Massaging, cleansing, exercising, stimulating, or manipulating, with the hands or mechanical appliances, the head, scalp, face, neck, arms, hands, body, legs, or feet.
- Application of cosmetics, oils, creams, antiseptics, tonics, powders, clays, lotions, or other preparations, either by hand, mechanical appliance, or needles, to the head, scalp, face, neck, arms, hands, body, legs, or feet.
- Permanent make-up (eyeliner, etc.). (Must provide documentation required by State of CT General Statutes and the Division of Health Systems Regulation.)
- Manicures.
- Pedicures.
- Hair removal by waxing.
- Eyebrow arching.
- Electrolysis.
- Sun-tanning booths/rooms.
- Botox injections (Must provide documentation required by State of CT General Statutes and Div. of Health Systems Regulation).

Name of Physician _____ License # _____ Exp. Date _____

Other: _____