



WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

FEE: \$ _____.

APPLICATION TO OPERATE A COSMETOLOGY SHOP

Fee is Non-Refundable

Business Name: _____ Phone: (____) _____ Fax: _____

Business Address: _____ Town: _____

Mailing Address: _____ Town: _____ ZIP: _____

Services:

- Barber Shop Cosmetology Shop Massage
 Hairdressing Shop Permanent Make-up/Tattoo Botox

Type of Ownership: (Mark one) Individual Partnership Corporation Other

If Individual Ownership:

Name: _____ Phone: (____) _____ Cell: (____) _____

Home Address: _____ Town: _____ ZIP: _____

If Partnership, List all Partners:

Name: _____ Phone: (____) _____ Cell: (____) _____

Home Address: _____ Town: _____ ZIP: _____

Name: _____ Phone: (____) _____ Cell: (____) _____

Home Address: _____ Town: _____ ZIP: _____

Name: _____ Phone: (____) _____ Cell: (____) _____

Home Address: _____ Town: _____ ZIP: _____

If Corporation, list Corporation Name and all Officers:

Corporation Name: _____ Phone: (____) _____ Cell: (____) _____

Address: _____ Town: _____ ZIP: _____

President: _____ Phone: (____) _____ Cell: (____) _____

Home Address: _____ Town: _____ ZIP: _____

Vice President: _____ Phone: (____) _____

Home Address: _____ Town: _____ ZIP: _____

Secretary: _____ Phone: (____) _____

Home Address: _____ Town: _____ ZIP: _____

Treasurer: _____ Phone: (____) _____

Home Address: _____ Town: _____ ZIP: _____

I attest that the information supplied here is accurate and correct. I understand that this permit may not be issued or, after issuance, may be suspended, revoked or not renewed for noncompliance with the *Westport Weston Sanitary Code* and/or the *Connecticut State Public Health Code*.

Signature and Title

TYPE or Print Name

Date

For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Permit Mailed/Delivered:
By:	By:	By:

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 Sewer Septic system

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

Check all procedures performed on premises:

Hair Services:

- Cutting, trimming, shaving, or singeing the hair
- Shampooing, dressing, styling, curling, waving, or weaving the hair
- Dyeing, bleaching, or coloring the hair

Skin Care Services:

- Facials, cleansing, application of cosmetic preparations, tonics, antiseptics, powders, oils, clays, creams, or lotions to the head, scalp, face, or neck
- Microdermabrasion
- Eyebrow arching, threading
- Eyelash extensions
- Hair removal by waxing
- Hair removal by electrolysis
- Manicures
- Pedicures
- Tatoeing, permanent makeup, microblading
- Botox, dermal fillers

Massage Services:

- Massaging or manipulating the head, scalp, face, neck, arms, hands, body, legs, or feet; includes all types of massage therapy and reflexology.

You must include copies of all CT licenses of service providers as required by State of CT General Statutes and Division of Health Systems Regulation.