



FEE: \$ _____.

APPLICATION TO OPERATE A COSMETOLOGY SHOP

Fee is Non-Refundable

Business Name: _____ Phone: (____) _____

Email Address: _____ Fax: _____

Business Address: _____ Town: _____

Mailing Address: _____ Town: _____ ZIP: _____

- | | | | |
|------------------|--|---|----------------------------------|
| Services: | <input type="checkbox"/> Barber Shop | <input type="checkbox"/> Cosmetology Shop | <input type="checkbox"/> Massage |
| | <input type="checkbox"/> Hairdressing Shop | <input type="checkbox"/> Permanent Make-up/Tattoo | <input type="checkbox"/> 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 *Health District 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 Licensed Individuals employed: _____

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. *See following attachment for new CT license requirements.

Are you renting chairs or leasing space? _____ If so, please include a copy of your written agreement.

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

If you perform any of the following services, please see attachment with additional requirements.

- Tattooing, permanent makeup, microblading
- Botox, dermal fillers
- Hair removal by electrolysis, laser treatments
- Body piercings

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

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

New license requirements by the Connecticut Department of Public Health for the following professions:

No person may practice as an **Esthetician** in Connecticut after July 1, 2020, without holding a license issued by The Connecticut Department of Public Health. An “esthetician” is anyone who performs esthetics for compensation. “Esthetics” means services related to skin care treatments, including cleansing, toning, stimulating, exfoliating or performing any similar procedure on the human body while using cosmetic preparations, hands, devices, apparatuses, or appliances to enhance or improve the skin's appearance; applying makeup; beautifying lashes or brows; or removing unwanted hair using manual and mechanical means. It does not include using a prescriptive laser device, performing a cosmetic medical procedure, or any practice, activity, or treatment that is considered practicing medicine.

No Person may practice as an **Eyelash Technician** in Connecticut after July 1, 2020, without holding a license issued by The Connecticut Department of Public Health. An “eyelash technician” means a person who performs individual eyelash extensions, eyelash lifts, or perms and eyelash color tints for compensation.

No person may practice as a **Nail Technician** in Connecticut after January 1, 2021, without holding a license issued by The Connecticut Department of Public Health. A “nail technician” means a person who for compensation cuts, shapes, colors, cleanses, trims, polishes, or enhances the appearance of the nails of the hands and feet, including applying artificial nails; applying lotions and oils in paraffin wax in individual containers; filling without the use of electronics applying shellac polish and nail art such as gems, jewels, glitter, and acrylic; applying hard gels, gel acrylic, liquid, and powdered acrylic and curing lights; and reflexology. It does not include any practice, activity, or treatment that is considered practicing medicine.

To obtain the appropriate license you must contact: The Connecticut Department of Public Health at (860).509.8000 or visit their website ct.gov