



Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823
 Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248
 Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533
 Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767
 www.ccthd.org

**BARBERSHOP, BEAUTY SALON, NAIL SALON LICENSE
APPLICATION**

Expires annually on September 30 – **Please complete form**

NAME OF ESTABLISHMENT _____

ADDRESS _____ PHONE NO. _____
STREET CITY STATE ZIP CODE

NAME OF OPERATOR _____

COSMETOLOGIST LICENSE # _____

ADDRESS _____ PHONE NO. _____
STREET CITY STATE ZIP CODE

NAME OF OWNER _____

ADDRESS _____ PHONE NO. _____
STREET CITY STATE ZIP CODE

E-MAIL ADDRESS _____

SIGNATURE OF OWNER X _____

Services Provided: Barbering Hairdressing Manicures Pedicures

Licensed Cosmetologist CT License #

Licensed Cosmetologist CT License #

ANNUAL FEE (Check Appropriate Amount) Number of Stations _____

- 1 - 8 Stations \$100.00
- 9+ Stations \$130.00
- Plan Review 100% of license fee
- Re-Inspection Fee 50% of License fee

Late Fee for all Annual Licenses (Effective 7/1/2017):

- Renewal received within 30 days of license expiration- \$50 late fee
- Renewal received within 31 to 60 days of license expiration- \$100 late fee
- After 60 days non-renewal, revoke licensure- Reinstatement Fee double license fee

Make checks only payable to "Central Connecticut Health District"

Mail form and fee to: Central Connecticut Health District, 505 Silas Deane Highway, Wethersfield, CT 06109

OFFICE USE ONLY -Received _____	Check # _____	Entered _____	License Issued _____
APPROVED _____	Date _____	Re-Inspection Fee _____	Date _____ Mailed _____
<small>Director of Health or authorized representative</small>			