



# North Central District Health Department

- ENFIELD - 31 North Main Street • P.O. Box 1222 • Enfield , CT 06083 • 860-745-0383 • Fax 745-3188
- VERNON - 375 Hartford Turnpike, Room 120 • Vernon, CT 06066 • 860-872-1501 • Fax 872-1531
- WINDHAM - Town Hall, 979 Main Street • Willimantic, CT 06226 • 860-465-3033 • Fax 465-3032
- STAFFORD - Town Hall, 1 Main Street • Stafford Springs, CT 06066 • 860-872-1501 • Fax 745-3188

WILLIAM H. BLITZ, M.P.H., M.U.P., R.S.  
DIRECTOR FO HEALTH

## BARBERSHOP, BEAUTY SALON, NAIL SALON LICENSE APPLICATION/RENEWAL FORM (Expires annually on December 31<sup>st</sup>)

(All statements must be filled in)

NAME OF ESTABLISHMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME OF OPERATOR \_\_\_\_\_

COSMETOLOGIST LICENSE NO. \_\_\_\_\_ DATE FIRST ISSUED \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**SIGNATURE OF OWNER:** \_\_\_\_\_

Services Provided:     Barbering     Hairdressing     Manicures     Pedicures

Licensed Cosmetologist CT License #

Licensed Cosmetologist CT License #

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Number of Stations: \_\_\_\_\_

**ANNUAL ESTABLISHMENT INSPECTION FEE: \$100**

**ANNUAL PERMIT FEE** (Check Appropriate Amount)

1-6 Stations    **\$75**

7+ Stations    **\$150**

**Re-inspection Fee** (if required)    **\$100**

**Make checks only payable to: North Central District Health Department (NCDHD)**

Mail form and fee to:                      North Central District Health Department  
    P. O. Box 1222  
    Enfield, Connecticut 06083