



2019-2020

COSMETOLOGY LICENSE APPLICATION

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay the issuance of your license. Any license issued pursuant to this application will be subject to applicable State and Chatham Health District Regulations. **Licenses are non-transferrable.**

Name of Establishment:

Address of Establishment:

Mailing Address:

Phone & E-mail :

Name of Manager/Operator*:

Phone # for 24-Hour Emergency Contact:

Name of Legal Owner:

License Fee: \$91.67 per location

Type of Services Provided:

☐ Barbering ☐ Hairdressing/Cosmetology ☐ Nails ☐ Threading ☐ Lashes ☐ Facials/Waxing/Makeup

Water Supply: ☐ Public ☐ Private well (if private well, must submit results of an annual bacteriologic test)

Sewage Supply: ☐ Public ☐ Private septic

Is food or beverage provided for the public on site? ☐ YES ☐ NO

If YES, please briefly describe:

Applicant Signature

Date

Please Print Name

Hours of Operation	
Sunday	To
Monday	To
Tuesday	To
Wednesday	To
Thursday	To
Friday	To
Saturday	To

*Nail Technicians are not currently required to obtain a personal license in the State of Connecticut.
Make checks payable to: Chatham Health District (There is a \$25.00 charge for all returned checks).

Office Use Only:

Check#: _____ Cash: _____ Receipt#: _____