CONNECTICUT RIVER AREA HEALTH DISTRICT

455 Boston Post Road, Suite 7, Old Saybrook, CT 06475
Tel: (860) 661-3300 Fax: (860) 661-3333

APPLICATION TO OPERATE A BODY CARE ESTABLISHMENT

Date:_____ Fee: $_____

Business Name:_____ Phone: ( )_____

Business Address:_____ Town:_____

Mailing Address:_____ Town:_____Zip:_____

SERVICES OFFERED: check all that apply: __Barbering __Cosmetology __Hairdressing __Skin care __Nail Care/manicures __foot care/pedicures __Massage __Facials __Tanning
__Other(specify)_____

Type of Ownership: check all that apply: __Individual __Partnership __Corporation __Workstation renter __Other
If individual ownership, list owner below. If partnership, list all partners. If corporation, list corporation name and all officers.

Name:_____Phone_____

Home Address:_____Town:_____Zip:_____

Name:_____Phone_____

Home Address:_____Town:_____Zip:_____

Name:_____Phone_____

Home Address:_____Town:_____Zip:_____

Name:_____Phone_____

Home Address:_____Town:_____Zip:_____

BODY CARE ESTABLISHMENTS	**FEE**
With 1-10 chairs/workstations **With 11 or more chairs/workstations**	**$70.00** **$100.00**
2nd Re-inspection Fee	**½ annual license fee**
Renewal Permit Application Late Fee	**$10.00/day**
Returned Check Fee	**$25.00**
Plan Review Fee	**$100.00**

I attest that the information supplied on this application is accurate and correct. I understand that this permit may not be issued or, after issuance, may be suspended, revoked, or not renewed for non-compliance with the Connecticut River Area Health District Body Care Code and/or the *Connecticut Public Health Code.*

_____ _____

Signature and Title **Date**

_____

Type or Print name

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Number of Workstations:_____Number of Barbers, hairdressers, or cosmeticians employed:____

Do you rent work space?_____If yes, how many stations are rented?_____

Hours & Days of Operation:_____

Water Supply: ☐ Public ☐ On-Site Well **Sewage Disposal:** ☐ City ☐ Septic system

List all chemicals and sanitizing/disinfection devices used:_____

_____

_____

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
- ☐ Application of cosmetic preparations, tonics, antiseptics, powders, oils, clays, creams, or lotions to the head, scalp, face, or neck
- ☐ Facial or scalp massage
- ☐ Massaging, cleansing, exercising, stimulating, or manipulating, with the hands or mechanical appliances, the head, scalp, face, neck, arms, hands, body, legs, or feet
- ☐ Application of cosmetics, oils, creams, antiseptics, tonics, powders, clays, lotions, or other preparations, either by hand or mechanical appliance, to the head, scalp, face, neck, arms, hands, body, legs, or feet
- ☐ Manicures
- ☐ Pedicures
- ☐ Hair removal by waxing
- ☐ Eyebrow arching
- ☐ Electrolysis
- ☐ Tanning

Other:_____

****Health Alert Network* – To receive health alert notifications, please provide:**

fax number(____)_____E-mail address_____

For all **new establishments, or **establishments undergoing renovation,** the following town officials must sign this application prior to permitting your establishment:

Zoning Officer: _____ date:
Signature

Building Official: _____ date:
Signature

Fire Marshal: _____ date:
Signature

CRAHD:_____ date:
Signature