

West Hartford-Bloomfield Health District
580 Cottage Grove Road, Suite 100
Bloomfield, Connecticut 06002
PHONE: (860) 561-7900 / Fax: (860) 561-7918
PERMIT FEE: \$75.00 (Additional charge for "Expedited" processing)

APPLICATION FOR TEMPORARY SALON/MASSAGE ESTABLISHMENT PERMIT

Directions:

The operator of **each** Salon/Massage Establishment must complete this application. The application must be completed and submitted to the West Hartford-Bloomfield Health District **at least five (5) business days BEFORE an event. If the application is late, there will be an additional Expedited Review Fee of \$75.00.**

In addition, using the attached Sketch Sheets, each operator must provide:

- a drawing of their temporary Salon / Massage establishment; **(Sketch Sheet 1)**
- a drawing of the **entire event area** depicting their temp. event site in relation to the potable water supply, electrical sources, the waste water disposal area, lavatories, etc., **(Sketch Sheet 2)**
- Name and license # of individuals performing services (if applicable).

Name of the Temporary Salon / Massage Establishment: _____

Name of Operator/Owner: _____

Mailing Address: _____

Telephone Number: _____

Name of Event: _____

Email Address: _____

Date(s) and Time(s) of Event: _____

Expected Number of Patrons Per Day: _____

Date and Time Temp Event. will be set up and ready for inspection: _____

Services Provided (check all that apply)	
Massage	<input type="checkbox"/>
Hairdressing / Barbering	<input type="checkbox"/>
Cosmetology	<input type="checkbox"/>
Nail	<input type="checkbox"/>
Tanning	<input type="checkbox"/>
Tattoo	<input type="checkbox"/>
Body Piercing	<input type="checkbox"/>

General Sanitization Review				
Please list all disinfectants, sanitizers, and sterilization equipment used:				
Where are disinfectants and sanitizers stored:				
Where are clean and sanitized instruments stored:				
How often is reusable equipment cleaned and sanitized:				
Is there sanitizing solution at each station:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not <input type="checkbox"/> Required	Comments:
Puncture proof container provided for sharps or pointed articles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not <input type="checkbox"/> Required	Comments:

Disinfection of Foot Spas/Water Baths			
Is an antimicrobial additive available for foot spa/water bath?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Please describe how foot spas/water baths are disinfected between uses:			
Please describe how the filters of foot spas/water baths are cleaned and disinfected:			

Cosmetics	
Please describe how makeup brushes are sanitized between uses:	

Other			
Is there a written communicable disease policy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Please describe your method of waste disposal:			

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the West Hartford-Bloomfield Health District may nullify final approval.

Signature(s) _____

Date: _____

Approval of these plans and specifications by this West Hartford-Bloomfield Health District does **not** indicate compliance with any other code, law or regulation that may be required (i.e.: federal, state, or local).

APPROVAL: _____ DATE: _____

Permit Restrictions: _____

Permit Effective Dates: _____

DISAPPROVAL: _____ DATE: _____

Reason(s) for Disapproval: _____

Reviewer Signature & Title

Date

Sketch Sheet 1

In the following space, provide a drawing of the Temporary Salon / Massage Establishment.

Identify the location of all items to be used at the Temporary Establishment.

Describe ALL equipment, hand washing facilities, work tables, garbage containers, and customer service areas.

A large, empty rectangular box with a thin black border, intended for a student to draw a sketch of a temporary salon or massage establishment and describe its equipment and layout.

Sketch Sheet 2

In the following space, provide a drawing of the entire Temporary Event Area including locations of the toilet facilities, garbage facilities, common areas, the potable water supply, electrical sources, and the wastewater disposal area, and all service areas on the grounds/site of the Temporary Event.

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of the Temporary Event Area. The box is currently blank.

