

**WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT**

580 Cottage Grove Road, Suite 100, Bloomfield, CT 06002

Phone: (860) 561-7900

Fax: (860) 561-7918

**FOR OFFICE USE ONLY**

Fee Paid \$ \_\_\_\_\_

Check/CC #: \_\_\_\_\_

Cash/M.O: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**2024-2025 APPLICATION FOR SALON LICENSE**

*All SECTIONS MUST BE FILLED IN (please type or print clearly)*

A fee of \$200.00 must accompany this application

Name of Establishment: \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Street

Town

State

Zip Code

Mailing/Billing Address (if different): \_\_\_\_\_

Street

Town

State

Zip Code

Name of Operator: \_\_\_\_\_

Operator Phone: \_\_\_\_\_ Operator E-Mail Address \_\_\_\_\_

Name of Owner (if different from operator): \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street

Town

State

Zip Code

Owner's Email Address: \_\_\_\_\_

**SERVICES PROVIDED** (please check all that apply)

- \_\_\_\_\_ Barbering
- \_\_\_\_\_ Tanning
- \_\_\_\_\_ Eyelash Extensions
- \_\_\_\_\_ Hairdressing
- \_\_\_\_\_ Tattoo
- \_\_\_\_\_ Esthetics
- \_\_\_\_\_ Cosmetology
- \_\_\_\_\_ Body Piercing
- \_\_\_\_\_ Nail
- \_\_\_\_\_ Other: \_\_\_\_\_

**Hours of Operation**

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**ON THE BACK OF THIS FORM, PLEASE LIST THE NAMES & LICENSE NUMBERS OF ALL LICENSED PERSONNEL & PROVIDE COPIES OF ALL APPLICABLE CT STATE LICENSES.**

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The undersigned agrees to comply with any and all ordinances and regulations of the towns of West Hartford and Bloomfield and The State of Connecticut. The WHBHD must be notified of any changes in ownership, location or renovation. Permits are not transferable between salon owners and locations.

SIGNATURE OF OWNER

DATE

PLEASE PRINT NAME, CLEARLY

*(Please turn page over for additional information)*

