



**Northeast District Department of Health**  
69 South Main Street, Unit 4, Brooklyn, CT 06234  
Phone 860-774-7350 Fax 860-774-1308 Web Site [www.nddh.org](http://www.nddh.org)

**SERVICE APPLICATION**

COSMETOLOGY: \_\_\_\_\_ BARBER: \_\_\_\_\_ NAIL SALON: \_\_\_\_\_ OTHER: \_\_\_\_\_

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

Business Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Legal Owner of Business: \_\_\_\_\_

Mailing Address for Business: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Tel: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ **Email:** \_\_\_\_\_

.....  
Number of Workstations/Chairs: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Sewage Disposal: Public: \_\_\_\_\_ Private: \_\_\_\_\_ Date Last Pumped: \_\_\_\_\_

Water Supply: Public: \_\_\_\_\_ Private: \_\_\_\_\_ Date Last Tested: \_\_\_\_\_

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List all operators below including name, license type, and license number with expiration date.  
(Attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

**NDDH Office Use Only**

Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_