



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

SERVICE APPLICATION - INDEPENDENT CONTRACTOR

COSMETOLOGY BARBER NAIL SALON OTHER: _____

Independent Contractor Name: _____

Mailing Address (not salon address): _____

Town: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Number of Workstations/Chairs: _____ Business Hours: _____

Department of Public Health License type: _____ License #: _____

Expiration Date: _____

Independent Contractor must fill out this section of the application.

Establishment Name: _____ Legal Owner of Business: _____

Establishment Physical Address: _____

Town: _____ State: _____ Zip Code: _____

Mailing Address (if different from physical address): _____

Business Telephone #: _____ Fax #: _____

Establishment Requirements Only

Sewage Disposal: Public Private Date Last Pumped: _____

Water Supply: Public Private Date Last Tested: _____

Independent Contractor's Signature: _____ Date: _____

NDDH Office Use Only

Date: _____ Permit Fee: _____ Receipt #: _____

Cash: _____ CK#: _____ E-CK: _____

Credit Card: _____ Late/Penalty/Other Fee: _____