



**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 - 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: \_\_\_\_\_