



Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234
Phone: (860) 774-7350 / Fax (860) 774-1308 / www.nddh.org

To: Independent Contractor -Cosmetology/Barbershops/Nail Salons
From: Northeast District Department of Health
Date: November 15, 2021
Subject: 2022 Annual Permit

Fee: \$110.00

The registration issued to your establishment by the Northeast District Department of Health (NDDH) will expire on December 31st and must be updated on a yearly basis. We are eager to assist you in complying with the State of Connecticut public health regulations.

Please return the following to this office by close of business Wednesday, December 15, 2021:

- A completed **Independent Contractor Service Application**. You may access the application forms and can make payment online at www.nddh.org/formspermits. If you do not have computer access, you may pick up the forms and pay the application fee at our office at 69 South Main Street, Brooklyn, during regular business hours (Monday-Thursday, 8am – 4pm, Fridays, 8am – noon).
- The appropriate fee paid online at <https://www.nddh.org/pay-online/>, brought to our office, or mailed with your application to 69 South Main Street, Unit 4, Brooklyn, CT 06234. The fee schedule, effective 7/1/21, can be found online at https://www.nddh.org/wp-content/uploads/2020/06/NDDH_Service_Fees_070120_BoH_Approved-05.28.20-1.pdf.

Upon receipt of all necessary documentation, a permit will be issued for your establishment which will be valid from January 1st through December 31, 2022. **Please be sure to provide us with a valid e-mail address, as we will be sending permits electronically. Also be sure to complete and return the Emergency Contact Information Form.**

All necessary documentation and permit fees must be received by close of business on Wednesday, December 15, 2021, or the establishment will be charged a late fee of \$90. In addition, a penalty fee of \$12 per NDDH business day with a maximum of \$120 shall be assessed for each business day late from January 3 through January 14, 2022, inclusive.

Annual inspections will be conducted throughout the year. A re-inspection fee of \$115 will be charged for a failed inspection.

If you have any questions, please feel free to contact us.

As always, we look forward to working with you.

Sincerely,

The Northeast District Department of Health



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69 South Main Street, Unit 4

Brooklyn, CT 06234

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www.nddh.org

email@nddh.org

Sanitarian Approved
Initial: _____
Date: _____
Emailed: _____

SERVICE APPLICATION - INDEPENDENT CONTRACTOR

COSMETOLOGY BARBER NAIL SALON OTHER: _____

Independent Contractor Name: _____

Mailing Address (not salon address): _____

Town: _____ State: _____ Zip Code: _____

Telephone #: _____ Billing 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 Use Only

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____



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69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 / Fax 860-774-1308 www.nddh.org

EMERGENCY CONTACT INFORMATION

Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at <https://www.nddh.org>.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately:

Today's Date: _____

Business/Org Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact Name and Title: _____

Cell Phone: _____ **Fax Number:** _____

Work Phone: _____ **Home Phone:** _____

Email Address: _____

Alternate Emergency Contact Name and Title: _____

Cell Phone: _____ **Fax Number:** _____

Work Phone: _____ **Home Phone:** _____

Email Address: _____

Is water for your business establishment/organization supplied by:

____ Well

____ Community Water System

Businesses with multiple locations: Please complete a separate form for each location.

NDDH USE ONLY:

Updated - EHS Database: _____ Excel Data Sheet: _____ Initials: _____

REVISED 11/15/21