



# 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](http://www.nddh.org)

[email@nddh.org](mailto:email@nddh.org)

<i>Sanitarian Approved</i>
<i>Initial:</i> _____
<i>Date:</i> _____
<i>Emailed:</i> _____

## SERVICE APPLICATION

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

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

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

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

**Billing Email:** \_\_\_\_\_

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

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

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

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

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

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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)

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

<i>NDDH Use Only</i>						
<i>Date:</i> _____	<i>Fee:</i> _____	<i>Check #</i> _____	<i>CC</i>	<i>E-Check</i>	<i>Cash</i>	<i>Receipt #</i> _____
<i>Date:</i> _____	<i>Fee:</i> _____	<i>Check #</i> _____	<i>CC</i>	<i>E-Check</i>	<i>Cash</i>	<i>Receipt #</i> _____