



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

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: _____

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