



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

An Important Notice Regarding Your Cosmetology/Barbershop Permit

To: Cosmetology/Barbershop
From: The Northeast District Department of Health
Date: November 1, 2023
Subject: 2024 Permit Renewal

Fee: \$140.00

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 Friday, December 15, 2023:

- A completed **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/formspermits/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 7/1/23, can be found online at: https://www.nddh.org/wp-content/uploads/2023/06/NDDH_Service_Fees_effective_070123.pdf
- Establishments with public water must provide a copy of the most recent water bill.
- Establishments with a private well must provide a copy of the current water analysis report. Note that the water sample must have been retrieved by a CT Certified laboratory.
- Establishments with an on-site septic system must provide a copy (receipt) of the most recent waste removal. Note that the waste removal must be within the past 3 years.

Upon receipt of all necessary documentation, a permit will be issued for your establishment which will be valid from January 1st through December 31, 2024. **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 Friday, December 15, 2023, 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 1 through January 13, 2024, inclusive.

Annual inspections will be conducted throughout the year. A re-inspection fee of \$120 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

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: _____

List all operators below including name, license type, and license number with expiration date.
(Attach additional sheets if necessary)

Signature of Owner/Operator: _____ Date: _____

Name:	Type of License:	License Number:	Employee or Independent Contractor
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

NDDH Use Only

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



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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