

# Town of Wallingford, Connecticut

## HEALTH DEPARTMENT

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Director of Health

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**DATE:** \_\_\_\_\_

### **SALON ESTABLISHMENTS LICENSE APPLICATION**

(Barbershop, Hairdressing, Cosmetology, Nail Salons & Tattoo/Body Piercing)

<b>Name of Establishment:</b>	<b>Name of Licensee/Operator:</b>
<b>Address of Establishment:</b>	<b>Name of Business Owner:</b>
<b>Mailing Address:</b>	<b>Home Address:</b>
<b>Business Phone #:</b>	<b>Home/Cell Phone #:</b>
<b>Fax #/Email:</b>	<b>E-Mail:</b>

### **Annual License Fee is Determined by Services Rendered , Under Salon Ordinance No. 592**

- Barber/Salon.....\$ 50.00 \*
- Nails .....\$100.00
- Salon/Nails/Permanent Make-up .....\$100.00
- Tattoo..... \$100.00

I HEREBY certify that I am the Licensee/Operator of the subject service establishment. **I understand that the salon license is not transferable.** I further understand that future renovations must be reviewed and approved by the Health Department prior to the start of any construction. The salon license must be renewed annually by March 1<sup>st</sup>..

**Signature:** \_\_\_\_\_ **(Print Name)** \_\_\_\_\_

**Corporation members:** \_\_\_\_\_

**\*If corporation, include name of officer/title.**

❖ **Permit fee of \$50 for Baber/Beauty Salon NOT providing other services as listed**



**Public Health**  
Prevent. Promote. Protect.