



Promoting  
healthy  
communities

**COSMETOLOGY LICENSE APPLICATION**

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay the issuance of your license. Any license issued pursuant to this application will be subject to applicable State and Ledge Light Health District Regulations. **Licenses are not transferrable.**

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

Address of Establishment: \_\_\_\_\_

Phone & E-mail of Establishment: \_\_\_\_\_

Name of Manager/Operator\*: \_\_\_\_\_

Phone Number for 24-hour Emergency Contact: \_\_\_\_\_

Name of Legal Owner: \_\_\_\_\_

Address for Legal Notices: \_\_\_\_\_

License Fee: **\$100.00 per location**

Type of Services Provided:

Barbering  Hairdressing  Nail Salon  Cosmetology  Threading  Other

Water Supply: Public  Private (well)  Sewage Supply: Public  Private (septic)

Is food or beverage provided for the public on site? YES  NO

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

\*Nail Technicians are not currently required to obtain a personal license in the State of Connecticut

Make checks payable to: Ledge Light Health District  
(There is a \$25.00 charge for all returned checks)

| <u>HOURS OF OPERATION</u> |    |
|---------------------------|----|
| SUNDAY                    | to |
| MONDAY                    | to |
| TUESDAY                   | to |
| WEDNESDAY                 | to |
| THURSDAY                  | to |
| FRIDAY                    | to |
| SATURDAY                  | to |

Office Use Only: **Date Paid:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Other:** \_\_\_\_\_