

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: _____

Type of Services Provided: Barbering Hairdressing/Cosmetology Nails* Lashes** Threading***
 Facials/Waxing/Makeup***

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 briefly describe: _____

Applicant Signature _____ Date _____

Print Applicant Name _____

Please provide a copy of your State of CT Hairdressing/Barbering license.

*Nail Technicians will be required to obtain a personal license in the State of Connecticut starting January 1, 2021.

**Eyelash Technicians will be required to obtain a personal license in the State of Connecticut starting July 1, 2020.

***Estheticians will be required to obtain a personal license in the State of Connecticut starting July 1, 2020.

HOURS OF OPERATION	
SUNDAY	to
MONDAY	to
TUESDAY	to
WEDNESDAY	to
THURSDAY	to
FRIDAY	to
SATURDAY	to

License Fee: \$100.00 per location

Make checks payable to: Ledge Light Health District (There is a \$25.00 charge for all returned checks). Fees can also be paid online at <http://pay.llhd.org/> or at our office with a credit card.

Office Use Only _____

Date Paid: _____ Check Number: _____ Cash: _____ Other: _____ Receipt #: _____ Rev: 3/24/21