



Promoting  
healthy  
communities

**COSMETOLOGY / BODY ART 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 per location** \_\_\_\_\_

**Type of Services Provided:**

- Barbering    Hairdressing/Cosmetology    Nails    Threading    Lashes    Facials/Waxing/Makeup  
 Tattooing    Piercing    Permanent 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

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

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 <https://llhd.square.site/> or at our office with a credit card.

<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: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Rev 02/03/23