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OPENING A COSMETOLOGY / BODY ART ESTABLISHMENT

PROCEDURES

In order to secure a cosmetology / body art license, the applicant must:

- Complete and submit the Cosmetology / Body Art Establishment Plan Review Application.
- Provide a site plan for a new, a newly renovated, or existing establishment and pay plan review fee if applicable.
- Provide Connecticut issued license to perform proposed service(s).
- Fill out Cosmetology / Body Art License Application and pay applicable license fee.
- Submit for approval from all municipal departments (Building, fire, planning/zoning and water pollution control) and any applicable state agencies. Licensing information can be found at: <https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/PLIS/Practitioner-Licensing--Investigations-Section>
- Obtain plan review approval from Ledge Light Health District (if applicable).
- Request a pre-operational inspection to determine what needs to be done prior to opening.
- Request and pass the initial (opening) inspection and obtain approvals from all applicable municipal and state agencies.
- Cosmetology file will be established and kept in the District's general files.

The following shall be provided (attached) and explained to obtain a license from the Ledge Light Health District:

1. Cosmetology/ Body Art Establishment Plan Review Application (Page 3-5).
2. Cosmetology/ Body Art License Application (Page 6).
3. Chapter 387 Sections 20-250. Through 20-265i of the Public Health Code (Page 7-21)
4. Ledge Light Health District Cosmetology Regulation (Page 22-30)
5. Ledge Light Health District Body Art Regulation (Page 31-40)
6. Cosmetology Inspection Form (Page 41-42)
7. Body Art Inspection Form (Page 43-44)

Payment: Make checks payable to Ledge Light Health District. (There is a \$25 charge for all returned checks) Fees can also be paid online at <https://llhd.square.site/> or at our office with a credit card.

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COSMETOLOGY/ BODY ART ESTABLISHMENT PLAN REVIEW
APPLICATION

New Construction Remodel Change in Use (Existing Facility)

Type of Service (Check all that apply): Tattooing Piercing Permanent Makeup Barbering
 Hairdressing/Cosmetology Nails Lashes Threading Facials/Waxing/Makeup

Name of Establishment: _____

Address: _____

Telephone (if available): _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ E-Mail Address: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ E-Mail Address: _____

Applicant Signature Date

Please Print Applicant Name

Office Use Only: Sanitarian Assigned: _____				
Date Paid: _____	Check Number: _____	Cash: _____	Credit: _____	Receipt #: _____



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ENCLOSE THE FOLLOWING DOCUMENTS FOR REVIEW:

- Connecticut License** for each employee that will be providing services
- Manufacturer Specification sheets** for each piece of equipment shown on the plan
- Plan** drawn to scale of cosmetology establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- Site plan** showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable) **Payment (\$300)**



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Non-engineered/Non-architectural Design for:

Scale: 1 square = _____ ft



