

**Ledge Light Health District
Barbershops, Hairdressing, Cosmetology Shops, and Nail Salons
2011 License Application**

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay the issuance of your 2010 license. Any license issued pursuant to this application will be subject to applicable State and Ledge Light Health District Regulations. **Licenses are not transferable.**

Name of Establishment: _____
Address: _____
Phone Number of Establishment: _____
Name of Manager / Operator*: _____
Name of Legal Owner: _____
Legal Address: _____

Type of Services Provided (please check all that apply)
Barber Shop _____ Hairdressing _____
Nail Salon _____ Cosmetology _____

Water Supply: Public: _____ Private: _____
Sewage Disposal Public: _____ Private: _____

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

Applicant's Signature _____ Date _____

Please Print Name _____ Date _____

Annual License Fee: \$100.00

Make check payable to Ledge Light Health District (There is a \$25 charge for all returned checks)

INCLUDE WITH YOUR COMPLETED APPLICATION:

- Payment
- * A copy of your current Cosmetician or Master Barber's license
- * All Establishments must have a Manager/Operator who has had a verified CT Barber / Cosmetician license for at least 2 years. (State of Connecticut Hairdressing/Cosmetology Regulations do not require nail technicians to obtain a license)

Office Use Only: Date Paid: _____ Check Number: _____ Cash: _____