



TOWN OF WESTBROOK

HEALTH DEPARTMENT

866 BOSTON POST ROAD
WESTBROOK, CONNECTICUT 06498
(860) 399-3047 • Fax (860) 399-2084

Barber Shops, Hair Salons, and Nail Salons Permit Application

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay the issuance of your permit. Any permit issued pursuant to this application will be subject to the requirements of the Public Health Code of the State of Connecticut and the Town of Westbrook.

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

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

Professional Licenses and Numbers: _____

Emergency Contact Information: (Please provide a phone number, fax number or email address where we can notify you of any recalls and relevant information from the CT Department of Public Health)

Email: _____
Telephone: _____
Fax Number: _____

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

If Yes, please describe: _____

<i>HOURS OF OPERATION</i>	
SUNDAY	to
MONDAY	to
TUESDAY	to
WEDNESDAY	to
THURSDAY	to
FRIDAY	to
SATURDAY	to

Water Supply: Private Public Sewage Disposal: Private Public

Applicant Signature _____ Date: _____

Printed Name of Applicant _____

Make check payable in the amount of (Please refer to HD fee summary) to the Town of Westbrook -- Attn: Health Department
(Include with your completed application a copy of your current Cosmetician or Master Barber's license.)

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