



Fee Paid: _____
 Check # _____
 Cash: _____
 Date: _____

APPLICATION# _____

TOWN OF WESTBROOK

HEALTH DEPARTMENT

866 BOSTON POST RD.

WESTBROOK, CT. 06498

860-399-3047 FAX: 860-399-2084

APPLICATION FOR PERMIT TO OPERATE A SALON / BARBER SHOP

Annual Renewal Change of Ownership Change of Operation New Business Other _____

Business Name: _____ **Address:** _____

Business Phone: _____ **Emergency/Mobile Phone:** _____

Fax #: _____ **E-mail:** _____

Type of Operation: Beauty Salon Hair Dresser Barber Shop Nail Salon Other _____

Services Provided: _____

Manager Name (if any): _____

Licensed Persons: (include a copy of License with this application)

Name: _____ License #: _____

All information & correspondence is to be sent to (check one): OWNER BUSINESS

Owner's Name: _____

Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Phone No.: _____ Emergency/Night Phone No.: _____

Fax No.: _____ E-mail: _____

NUMBER OF:

_____ Hairdressing Chairs

_____ Manicure Stations

_____ Pedicure Bays

_____ Individual Service Rooms

TOTAL NUMBER

* Refer to Fee Summary for Fee

Water Supply:

Public Water

Well Water

2.) Septic System

Date of Cleaning _____

Company Name _____

Is Food or Beverage provided for the public on site?

YES NO

Food/Beverage description:

HOURS OF OPERATION:

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

***Enclosed is Fee Due:** _____ **Make check payable to "Town of Westbrook"**

I certify that the information provided here is accurate and correct. I understand that this license may not be issued, or may be suspended/revoked for noncompliance with Town of Westbrook Ordinance and /or State of Connecticut Public Health Code.

Applicant's Signature _____

Date _____

----- Office Use ONLY -----

Approved by: _____ Date: _____

Make check payable to Town of Westbrook for fee due according to Fee Summary enclosed.
 Prior to change in ownership or in business name a new application must be forwarded to the Health Department
 (Permit/Applications are not transferable)