



# Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234  
Phone: (860) 774-7350 / Fax (860) 774-1308 / [www.nddh.org](http://www.nddh.org)

## An Important Notice Regarding Your Cosmetology/Barbershop Permit

To: Cosmetology/Barbershop  
From: The Northeast District Department of Health  
Date: October 15, 2024  
Subject: 2025 Permit Renewal

**Fee: \$150.00**

The registration issued to your establishment by the Northeast District Department of Health (NDDH) will expire on December 31<sup>st</sup> and must be updated on a yearly basis. We are eager to assist you in complying with the State of Connecticut public health regulations.

Please return the following to this office by close of business Monday, December 16, 2024:

- A completed **Service Application**. You may access the application forms and can make payment online at [www.nddh.org/formspermits/](http://www.nddh.org/formspermits/). If you do not have computer access, you may pick up the forms and pay the application fee at our office at 69 South Main Street, Brooklyn, during regular business hours (Monday-Thursday, 8am – 4pm, Fridays, 8am – noon).
- **Completed Emergency Contact Information Form. Please be sure to provide us with a valid e-mail address, as we will be sending permits electronically.**
- The appropriate fee paid online at <https://www.nddh.org/formspermits/pay-online/>, brought to our office, or mailed with your application to 69 South Main Street, Unit 4, Brooklyn, CT 06234. The fee schedule, effective 7/1/24, can be found online at: [https://www.nddh.org/wp-content/uploads/2024/06/NDDH\\_Service\\_Fees\\_effective\\_070124.pdf](https://www.nddh.org/wp-content/uploads/2024/06/NDDH_Service_Fees_effective_070124.pdf)
- Establishments with public water must provide a copy of the most recent water bill.
- Establishments with a private well must provide a copy of the current water analysis report. Note that the water sample must have been retrieved by a CT Certified laboratory.
- Establishments with an on-site septic system must provide a copy (receipt) of the most recent waste removal. Note that the waste removal must be within the past 3 years.

Upon receipt of all necessary documentation, a permit will be issued for your establishment which will be valid from January 1<sup>st</sup> through December 31, 2025

**All necessary documentation and permit fees must be received by close of business on Monday, December 16, 2024**, or the establishment will be charged a late fee of \$90. In addition, a penalty fee of \$12 per NDDH business day with a maximum of \$120 shall be assessed for each business day late from January 1 through January 10, 2025, inclusive.

Annual inspections will be conducted throughout the year. A re-inspection fee of \$145 will be charged for a failed inspection.

If you have any questions, please feel free to contact us.

As always, we look forward to working with you.

Sincerely,

The Northeast District Department of Health

### Permit Checklist

- Application
- Emergency Form
- Permit Fee Payment
- Water Test/Bill copy
- On-Site Septic copy



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[www.nddh.org](http://www.nddh.org)

[email@nddh.org](mailto:email@nddh.org)

<p><i>Sanitarian Approved</i>  <i>Initial:</i> _____  <i>Date:</i> _____  <i>Emailed:</i> _____</p>
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## SERVICE APPLICATION

COSMETOLOGY: \_\_\_\_\_ BARBER: \_\_\_\_\_ NAIL SALON: \_\_\_\_\_ OTHER: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Business Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Legal Owner of Business: \_\_\_\_\_

**Billing Email:** \_\_\_\_\_

Mailing Address for Business: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Tel: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of Workstations/Chairs: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Sewage Disposal: Public: \_\_\_\_\_ Private: \_\_\_\_\_ Date Last Pumped: \_\_\_\_\_

Water Supply: Public: \_\_\_\_\_ Private: \_\_\_\_\_ Date Last Tested: \_\_\_\_\_

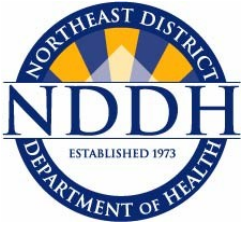
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List all operators below including name, license type, and license number with expiration date.  
 (Attach additional sheets if necessary)

Signature of Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Name:	Type of License:	License Number:	Employee or Independent Contractor
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

<i>NDDH Use Only</i>							
Date: _____	Fee: _____	Check # _____	CC	E-Check	Cash	Receipt # _____	
Date: _____	Fee: _____	Check # _____	CC	E-Check	Cash	Receipt # _____	



# Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234  
860-774-7350 / Fax 860-774-1308 [www.nddh.org](http://www.nddh.org)

## \*\*\*EMERGENCY CONTACT INFORMATION\*\*\*

*Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters*

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at <https://www.nddh.org>.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately:

**Today's Date:** \_\_\_\_\_

**Business/Org Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Emergency Contact Name and Title:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Alternate Emergency Contact Name and Title:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Is water for your business establishment/organization supplied by:**

\_\_\_ Well

\_\_\_ Community Water System

*Businesses with multiple locations: Please complete a separate form for each location.*

**NDDH USE ONLY:**

Updated - EHS Database: \_\_\_\_\_ Excel Data Sheet: \_\_\_\_\_ Initials: \_\_\_\_\_

REVISED 11/15/21