



# 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 Nail Salon Permit

To: Nail Salon Owners  
From: The Northeast District Department of Health  
Date: October 15, 2024  
Subject: 2025 Permit Renewal

**Fees: \$160.00 (4 chairs or less)  
\$185.00 (5 chairs or more)**

The permit 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 <https://www.nddh.org/formspermits/>
- **Completed Emergency Contact Information Form. Please be sure to provide us with a valid e-mail address, as we will be sending permits electronically.**
- 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).
- 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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Brooklyn, CT 06234

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

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

<i>Sanitarian Approved</i>
<i>Initial:</i> _____
<i>Date:</i> _____
<i>Emailed:</i> _____

## 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: \_\_\_\_\_

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



# Northeast District Department of Health

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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



## The Northeast District Department of Health

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

To: Salon/Spa, Barbershop, and Nail Salon Owners  
From: The Northeast District Department of Health  
Date: November 8, 2022

Subject: Nail Technician

Many of you are aware of the Public Act 19-117, Sections 196 mandates the local health department to conduct an annual sanitary inspection of your business operations. As part of our efforts to comply with the state statutes, NDDH is providing informational resources for owners.

The purpose of this notification is to update you of permit changes required for all owners and operators regarding Nail Technician licensing requirements that are in effect. All information can be found online. (Links provided throughout memorandum).

State of Connecticut Provision of Public Act 19-117

<https://www.cga.ct.gov/2019/act/pa/pdf/2019PA-00117-R00HB-07424-PA.pdf>

Department of Public Health Statute 19a-17

[https://www.cga.ct.gov/2020/sup/chap\\_368a.htm#sec\\_19a-17](https://www.cga.ct.gov/2020/sup/chap_368a.htm#sec_19a-17)

***No person may practice as a Nail Technician in Connecticut after January 1, 2021, without holding a license issued by the Department of Public Health.***

<https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Nailtechs/Nail-Technician>

The Northeast District Department of Health will only permit businesses, including nails salons, that comply with all state and local laws. Please be sure to complete licensing requirements to avoid loss of or non-renewal of permits.

### License Based on an Out-of-State License

The Department may grant a license to any applicant who is licensed as a nail technician in another U.S. state, the District of Columbia or a commonwealth or territory, subject to the laws of the United States. Before applying for licensure, please familiarize yourself with the general licensing [policies](#).

Be sure to provide NDDH with a copy of all licensing individuals with your permit application and display licenses in public view per regulations.

State of Connecticut's eLicense Website <https://www.elicense.ct.gov/>

State of Connecticut requires all registration to be online.

### Steps to Apply for CT Nail Technician, Esthetician, Eyelash Tech License

All applicants MUST register if this is a first-time application.

You can find the eLicense registration link under **INITIAL APPLICATION**

1. Select "Register" link
2. Next click on Initial Application
3. Register new account
4. Account Matching
5. Verify Email Address

**APPLICATION FOR A NEW LICENSE, PERMIT OR REGISTRATION: Online applications are for new applicants ONLY.** If you are seeking to reinstate or renew, please contact the appropriate agency below for further information.

To apply for a new license, permit or registration online, please follow the instructions below:

1. From "**Online Services**", select "**INITIAL APPLICATION**" under "**Activities**" to begin.
2. Select the appropriate application and follow instructions. Please note, not all application types are available to be completed online. Note: All applications must be reviewed and approved by the appropriate agency.
3. Under Appearance Enhancement Tab
4. Click on: Esthetician, Eyelash Technician, Nail Technician, or Combination Nail Technician, Esthetician or Eyelash Tech
5. Start Application Process

Website Help Link:

[https://portal.ct.gov/-/media/DCP/pdf/Applications\\_Added\\_2017/Online-User-Id-Instructions-Oct17-2-pdf.pdf?la=en](https://portal.ct.gov/-/media/DCP/pdf/Applications_Added_2017/Online-User-Id-Instructions-Oct17-2-pdf.pdf?la=en)

**ONLINE RENEWAL:** To renew your license, permit or registration online,

1. select "**RENEWAL**" under "**Online Services.**"  
Follow step-by-step renewal instruction

[User Id and Password Instructions](#)

[Fast Track Renewal Instructions](#)

License Look up <https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx>