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 email@nddh.org

Sanitarian Approved
*Initial:*_____
Date: _____

*Emailed:*_____

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: _____

****

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 ☐	Independent Contractor ☐
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐

NDDH Use Only

Date: _____ *Fee:* _____ *Check #* _____ *CC E-Check Cash Receipt #*_____
Date: _____ *Fee:* _____ *Check #* _____ *CC E-Check Cash Receipt #*_____