



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

An Important Notice Regarding Your Nail Salon Permit

To: Nail Salon Owners
From: The Northeast District Department of Health
Date: November 13, 2025
Subject: 2026 Permit Renewal

**Fees: \$170.00 (4 chairs or less)
\$200.00 (5 chairs or more)**

The permit issued to your establishment by the Northeast District Department of Health (NDDH) will expire on December 31st 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 15, 2025:

- A completed **Service Application and Emergency Contact Information Form**. You may access the application forms and can make payment online at <https://www.nddh.org/formspermits/>
- 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 7/1/25, can be found online at: https://nddh.org/wp-content/uploads/2025/07/NDDH_Service_Fees_effective_070125.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 1st through December 31, 2026.

All necessary documentation and permit fees must be received by close of business on Monday, December 15, 2025, 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 2 through January 15, 2026, inclusive.

Annual inspections will be conducted throughout the year. A re-inspection fee of \$150 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

email@nddh.org

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

SERVICE APPLICATION

COSMETOLOGY: _____ BARBER: _____ NAIL SALON: _____
 EYE LASH TECH: _____ DAY SPA: _____ OTHER: _____

Name of Establishment: _____

Business Street Address: _____ Town: _____

Legal Owner of Business: _____

Permittee Type: _____ Number: _____

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: _____ CT Water # _____

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 Contractor
_____	_____	_____	Employee <input type="checkbox"/> Independent Contractor <input type="checkbox"/>
_____	_____	_____	Employee <input type="checkbox"/> Independent Contractor <input type="checkbox"/>
_____	_____	_____	Employee <input type="checkbox"/> Independent Contractor <input type="checkbox"/>
_____	_____	_____	Employee <input type="checkbox"/> Independent Contractor <input type="checkbox"/>

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



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860-774-7350 / Fax 860-774-1308 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 with contact information other than the owner.

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 10/27/2025