



# 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)

To: Independent Contractor -Cosmetology/Barbershops/Nail Salons  
From: Northeast District Department of Health  
Date: November 13, 2025  
Subject: 2026 Annual Permit

**Fee: \$135.00**

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 15, 2025:

- A completed **Independent Contractor Service Application and Emergency Contact Information Form**. 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).
- 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 7/1/25, can be found online at: [https://nddh.org/wp-content/uploads/2025/07/NDDH\\_Service\\_Fees\\_effective\\_070125.pdf](https://nddh.org/wp-content/uploads/2025/07/NDDH_Service_Fees_effective_070125.pdf)

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, 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 collaborating with you.

Sincerely,

The Northeast District Department of Health

### **Permit Checklist**

- Application
- Emergency Form
- Permit Fee Payment
- Copy of License
- Location Change (if applicable)



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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)

*Sanitarian Approved*

*Initial: \_\_\_\_\_*

*Date: \_\_\_\_\_*

*Emailed: \_\_\_\_\_*

## SERVICE APPLICATION - INDEPENDENT CONTRACTOR

*Cosmetician*\_\_ *Hairdresser/Barber*\_\_ *Nail Tech*\_\_ *Eyelash Tech*\_\_ *Esthetician*\_\_ *Other*\_\_

Independent Contractor Name: \_\_\_\_\_

Mailing Address (not salon address): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Billing Email: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Department of Public Health License:

Type: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Complete this section with information where your chair resides.*

Establishment Name: \_\_\_\_\_ Legal Owner of Business: \_\_\_\_\_

Mailing Address (if different from physical address): \_\_\_\_\_

Establishment Physical Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

Independent Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NDDH Use Only*

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 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