



# Northeast District Department of Health

69 South Main Street, Unit 4

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

## INDEPENDENT CONTRACTOR - SERVICE APPLICATION

*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 # \_\_\_\_\_