



# Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

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[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 # \_\_\_\_\_