



HAIR AND NAIL SALON APPLICATION

Please fill out both sides of application. PLEASE PRINT

Name of Salon _____

Address _____

Salon Phone # _____

Name of Owner(s) _____

Home Address _____

City, State, Zip Code _____

Home Phone # _____

Manager(s) of Salon _____

Check All That Apply: Barber Shop Beauty Salon Nail Salon Pedicure

Tanning Salon Number of Work Stations

Name of person(s) performing pedicures _____

Personal Property Tax Bill for Establishment's Equipment is mailed to:

Name _____

Street Address _____

City, State, Zip Code _____

The undersigned agrees to abide by all State and local Regulation and Ordinances with regard to the operation of a Barber Shop/Beauty Salon/Nail Salon, with the understanding that failure to comply with the before mentioned may result in the suspension or revocation of the License. **During inspection of your facility by the Health Department the Driver's Licenses of employees will be required to verify identity.**

Date _____ Signature _____

RETURN TO: Stratford Health Department, 468 Birdseye Street, Stratford, CT 06615