

Waterbury Health Department  
Environmental Health Division  
**Barbershop and Cosmetology Establishment License Application**

Where would you like your mail delivered? Home or Business

Permit Status: New \_\_\_\_\_ Renewal \_\_\_\_\_

Establishment Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Addr: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Owner's Cell Phone: \_\_\_\_\_

**Below please provide name(s) and Cosmetology & Barbering license Number for all employees:**

Name:	License Number:
_____	_____
_____	_____
_____	_____
_____	_____

**Check off all services provided in your establishment:**

Shampoo \_\_\_\_\_ Hair Cutting \_\_\_\_\_ Hair Coloring \_\_\_\_\_ Hair Relaxers \_\_\_\_\_  
Pedicures \_\_\_\_\_ Manicures \_\_\_\_\_ Waxing \_\_\_\_\_ Tanning \_\_\_\_\_ Braiding \_\_\_\_\_  
Facial Grooming \_\_\_\_\_

**\$50.00 Application Fee – Check or Money Order Only**

**Make a \$100 Check Payable to (NO CASH): WATERBURY HEALTH DEPARTMENT**

Application Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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Amount Paid: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Initials: \_\_\_\_\_

Payment Information: Check # \_\_\_\_\_ Money Order # \_\_\_\_\_

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