

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 _____
Pedicles _____ 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: _____

Amount Paid: _____ Date of Issue: _____ Initials: _____

Payment Information: Check # _____ Money Order # _____

One Jefferson Square, 3rd Floor • Waterbury, CT. 06706 • (203) 346.3903 • Fax (203) 346.2644