

Town of Ridgefield
Department of Health
Town Hall Annex
66 Prospect Street
Ridgefield, CT 06877



Application # _____

Barbershop, Hairdressing and/or Cosmetology Application

Information requested on this application must be complete or application will be returned and a late fee may apply. All services must be listed. Any new service added after registration must be brought to the attention of the Ridgefield Health Department in writing prior to adding that service. By filing this application, authorization is given to the Health Department to verify employee's licenses and other pertinent information.

Date: _____ **Application Fee: \$100** **Reinspection Fee: \$50**

Application Type:

☐ Annual Registration (July 1st - June 30th) ☐ New Business ☐ Ownership Change ☐ Operational Change

Business Name: _____

Business Address: _____

Business Phone: _____ Fax: _____ Days/Hours of operation _____

E-mail Address: _____

Name of Owner: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Ownership Type (Check One)

☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Corp. (LLC) ☐ other _____

Water Supply:

☐ Public ☐ Well (water analysis required)

Sewage Disposal:

☐ Sewer ☐ Septic system

Business Type – Check all that apply:

- ☐ Barber
- ☐ Beauty/Hair Salon
- ☐ Hair Removal/Waxing
- ☐ Nail Salon
- ☐ Skin Care/Treatment
- ☐ other-please specify

Services Offered-Check all that apply

- ☐ Hairdressing/Barbering
- ☐ Manicure
- ☐ Pedicure
- ☐ Artificial Nails
- ☐ Facials/Body Wrap/Skin Care
- ☐ Hair Removal/Waxing
- ☐ Massages
- ☐ Eyelash Extensions

Number of Licensed /Certified Professionals:

Please attach copies of current licenses or certificates and training documents to this application.

Please fill in the blanks with how many of each professional.

_____ Barbers _____ Hairdresser/Cosmeticians _____ Nail Technicians
_____ Other _____

Number of workstations/treatment rooms and other related items within the facility:

Please fill in the blank with how many you have of each.

Hairdressing _____ Shampoo Sinks _____
Barbering _____
Manicure stations _____ Pedicure chairs _____ Handwash Sinks _____
Skin Care/Treatment Rooms _____ Massage Rooms _____

Required-Additional Information

1. Detailed information on all services and procedures offered.
2. Provide a list of all employees that hold license, certificates or training certificates. Please provide current copy of State of Connecticut licenses and photo ID for those who hold the license/certificate.
3. Detailed list of all sanitizing products.
4. Detailed list of all sanitizing procedures for each service provided.

I attest that, to the best of my knowledge and belief, the information provided here is true, accurate and complete.

Signature of Applicant: _____ **Date:** _____

Incomplete information will delay the registration process.