

**TOWN OF CROMWELL
HEALTH DEPARTMENT
SALON APPLICATION
License Fee: \$85.00**

Type of Establishment (Check all that apply):

Barber Shop ☐ Massage Therapy ☐ Hair ☐ Nail ☐ Beauty Salon ☐ Tanning ☐ Tattoo ☐

.....
Days and Hours of Operation: M _____ T _____ W _____ Th _____ F _____ S _____ Sun _____
.....

Name of Business: _____

Phone #: _____ Email: _____

Location of Business: _____

Mailing Address: _____

Principal Owner(s) Name: _____ Phone #: _____

Home Address: _____ Email: _____

Manager's Name: _____ Phone #: _____

Address: _____ Email: _____

.....
Information to be attached (check as appropriate):

(Please attach information below or application will be returned.)

☐ Copy of floor plan and equipment placement.

☐ No change to floor plan.

☐ Copy of Professional License.

Your Rubbish/Trash Hauler Name: _____ Phone #: _____

I hereon attest that the above is the truth and agree that the permit to which this application is made will at all times be operated in compliance with the terms of the General Statutes of the State of Connecticut, the Connecticut State Health Codes, local Ordinances, and orders of the Director of Health or his authorized Agent regarding all matters concerned with public health.

Signature: _____ Name Printed: _____

Date: _____

Mail to: Town of Cromwell, Health Department, 41 West Street, Cromwell, CT 06416
.....