



# TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

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"Promoting Health & Preventing Disease Since 1967"

LICENSE FEE \_\_\_\_\_  
PAID  YES  NO

(Returned Check Fee \$25)

## APPLICATION FOR BEAUTY SALON OR BARBER SHOP LICENSE

License Renewal       Operational Change       Change of Ownership       New Business

**PLEASE PRINT:**

NAME OF BUSINESS \_\_\_\_\_ NUMBER OF STATIONS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ESTABLISHMENT PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**Please Indicate Business Mailing Address If Different From Above:**

MAIL TO \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME OF MANAGER / OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**HOURS OF OPERATION**

**TYPE OF OPERATION**

- BEAUTY SALON
- BARBER SHOP
- OTHER \_\_\_\_\_

**WATER SUPPLY** (check one)

- PUBLIC WATER
- PRIVATE WELL

**SEWAGE DISPOSAL** (check one)

- PUBLIC SEWERS
- SEPTIC SYSTEM

MONDAY \_\_\_\_\_

TUESDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_

SATURDAY \_\_\_\_\_

SUNDAY \_\_\_\_\_

**If on Private Well**

Date of last water sample \_\_\_\_\_

(Please include copy of report)

I have enclosed the appropriate licensing fee of \$ \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**Any incomplete information will delay the licensing procedure, and the owner will be subject to fines for operating without a valid license.**

**The Torrington Area Health District is an equal opportunity provider.**