



CITY OF MERIDEN
HEALTH DIVISION

BARBERSHOP, HAIRDRESSING AND COSMETOLOGY SHOPS
LICENSE APPLICATION

(TYPE OR PRINT)

Establishment Name: _____ Fax #: _____

Type of Establishment: Barbershop Hairdressing Nail Salon Other

Address of Establishment: _____ Business Phone: _____

Owner's Name : _____ Home Phone: _____

Owner's Address: _____

Name /License # of CT Hairdresser/Cosmetician: _____ Lic. #: _____

◆ ◆ ◆ (copy of State of Connecticut license must accompany this application) ◆ ◆ ◆

Water Supply: Public
 Private

Sewage Disposal: City Sewer
 Septic System

of Barbers/Hairdressers/Cosmetologists employed: _____

Check all that apply:

- Cutting, trimming, shaving, styling of hair.
- Dressing, arranging, shampooing, curling, waving, weaving, singeing, dyeing, bleaching & coloring of hair.
- Application of cosmetic preparation, hair tonics, antiseptics, powders, oils, clays, creams or lotions to the scalp, face, neck and arms.
- Giving facial and scalp massage or the application of oils, creams, lotions or other preparations either by hand or mechanical appliances.
- Manicuring fingernails
- Pedicures
- Eyebrow arching
- Massaging, cleansing, exercising, stimulating, manipulating with the hands or mechanical appliances the face, neck and arms.

Chapter 70 of the Code of the City of Meriden pertaining to *Barbershops, Hairdressing and Cosmetology Shops* states that an annual inspection and a license fee of \$100 is required for "Barbershops, Hairdressing and Cosmetology Shops." If on regular inspection or in response to a complaint unhealthy conditions are found, termination or suspension of the license may be ordered.

(OVER)

THIS LICENSE IS VALID FOR ONE YEAR (JULY 1ST OF CURRENT YEAR THROUGH JUNE 30TH OF THE FOLLOWING YEAR), AND IS NOT TRANSFERABLE. THE HEALTH DIVISION MUST BE NOTIFIED PRIOR TO ANY CHANGE OF OWNERSHIP OR CLOSING OF BUSINESS.

THE UNDERSIGNED AGREES TO COMPLY WITH ALL OF THE REGULATIONS OF THE STATE OF CONNECTICUT AND THE CODE OF THE CITY OF MERIDEN.

Signature: _____ Date _____

Print Name: _____ Title: _____



Complete and Return with Payment by June 30th:

Meriden Health Division
Environmental Health Section
165 Miller St.
Meriden, CT 06450
(203) 630-4226
(203) 639-0039 (FAX)



SIGNATURES REQUIRED FOR NEW FACILITY LICENSE	
OFFICE	SIGNATURE & DATE
FIRE MARSHAL	
BUILDING	
ZONING	
TAX DEPARTMENT	

Office Use Only

Date _____

Amount Pd. _____

Receipt #: _____