



Fee Paid: \_\_\_\_\_ APPLICATION# \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Cash: \_\_\_\_\_  
 Date: \_\_\_\_\_

**TOWN OF WESTBROOK**

HEALTH DEPARTMENT  
 866 BOSTON POST RD.  
 WESTBROOK, CT. 06498  
 860-399-3047 FAX: 860-399-2084

**APPLICATION FOR PERMIT TO OPERATE A SALON / BARBER SHOP**

Annual Renewal    Change of Ownership    Change of Operation    New Business    Other \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_ **Emergency/Mobile Phone:** \_\_\_\_\_  
**Fax #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Type of Operation:**  Beauty Salon    Hair Dresser    Barber Shop    Nail Salon    Other \_\_\_\_\_

**Services Provided:** \_\_\_\_\_

**Manager Name (if any):** \_\_\_\_\_

**Licensed Persons: (include a copy of License with this application )**

Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 Name: \_\_\_\_\_ License #: \_\_\_\_\_

All information & correspondence is to be sent to (check one):    OWNER    BUSINESS

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Emergency/Night Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>NUMBER OF:</b>	<b>Water Supply:</b>	<b>2) Septic System</b>	<b>HOURS OF OPERATION:</b>

Is Food or Beverage provided for the public on site?  
 YES    NO  
Food/Beverage description :

**\*Enclosed is Fee Due: \_\_\_\_\_ Make check payable to "Town of Westbrook"**

**I certify that the information provided here is accurate and correct. I understand that this license may not be issued, or may be suspended/revoked for noncompliance with Town of Westbrook Ordinance and /or State of Connecticut Public Health Code.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

----- **Office Use ONLY** -----

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to Town of Westbrook for fee due according to Fee Summary enclosed.  
 Prior to change in ownership or in business name a new application must be forwarded to the Health Department  
 ( Permit/Applications are not transferable)