



Manchester Health Department

479 Main Street
Manchester, CT 06040
(860) 647-3173
healthdept@manchesterct.gov

FOR OFFICE USE ONLY

FEE PAID _____

DATE _____

METHOD _____

Salon Application

ALL SECTIONS MUST BE FILLED IN

ESTABLISHMENT: _____

ADDRESS: _____ PHONE NO. _____

MAILING ADDRESS (IF DIFFERENT): _____

PRIMARY CONTACT EMAIL: _____

OPERATOR: _____

ADDRESS: _____

OWNER OF ESTABLISHMENT (IF DIFFERENT FROM OPERATOR): _____

ADDRESS: _____ PHONE NO. _____

SERVICES PROVIDED: (check all that apply) *

- Barbering (CT license required)
- Hairdressing (CT license required)
- Nail Technician (CT license required)
- Esthetician (CT license required)
- Eyelash Technician (CT license required)
- Hair braiding

HOURS OF OPERATION	
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

***See definitions and licensing requirements in attached document entitled New Professions**

ON BACK OF FORM PLEASE LIST NAMES AND LICENSE NUMBERS OF ALL LICENSED PERSONNEL AND RETURN FORM WITH \$100 PAYABLE TO MANCHESTER HEALTH DEPT.

The undersigned agrees to comply with any and all policies and regulations of the Town of Manchester and the State of Connecticut. The Manchester Health Department must be notified of any changes in ownership, location or renovation. Certificates are not transferable between salon owners and locations.

SIGNATURE OF OWNER

DATE

PLEASE PRINT NAME

(Please turn page over for additional information)

