



WEST HAVEN HEALTH DEPARTMENT  
355 MAIN STREET, WEST HAVEN CT 06516  
PHONE: (203) 937-3660 FAX: (203) 937-3976

**2022-2023 BARBERSHOP, HAIR, NAIL, AND COSMETOLOGY SHOP PERMIT RENEWAL APPLICATION**

**A fee of \$200 will apply for operating without a valid permit if the application is not submitted before the due date. A return check fee of \$25 will be assessed. Any delinquent taxes owed to the City of West Haven may result in suspension or closure of your establishment.**

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Can your cell phone receive text messages? (Circle one) YES NO

Applicant/Person in Charge: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Can your cell phone receive text messages? (Circle one) YES NO

Hours and Days of Operation:  
\_\_\_\_\_

Anticipated Opening Date: (if a new establishment) \_\_\_\_\_

**SERVICES OFFERED: (check all that apply)**

Barbering\_\_\_\_ Manicures\_\_\_\_ Pedicures\_\_\_\_ Braiding\_\_\_\_

Hairdressing/Cosmetology\_\_\_\_ Waxing\_\_\_\_ Eyebrow Arching\_\_\_\_ Facials\_\_\_\_ Tattoo\_\_\_\_

Eyelash technician: \_\_\_\_\_ Estheticians\_\_\_\_\_

How many workstations do you have? (Circle One):

1-5 Workstations-\$150

6-10 Workstations-\$200

11+ Workstations-\$250

Tattoo-\$300

**Please list all Operator Below:**

Name

License Type

License Number

\_\_\_\_\_  
SIGNATURE OF OWNER/APPLICANT

\_\_\_\_\_  
DATE

- \* BY MAKING APPLICATION I AGREE TO ALLOW ACCESS TO MY ESTABLISHMENT BY WEST HAVEN HEALTH DEPARTMENT PERSONNEL FOR INSPECTION PURPOSES.
- \* PERMIT IS NOT TRANSFERABLE BETWEEN PERSONS OR PLACES
- \* PERMIT FEES ARE NON-REFUNDABLE
- \* Obtain Tax Stamp Clearance on the box below

**Tax Clearance Stamp**

OFFICE USE ONLY:

Application Fee: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt: \_\_\_\_\_