



Kevin A. Elak, MPH, REHS/RS  
Director of Health

### City of Middletown

Department of Health  
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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

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

Cash: \_\_\_\_\_

Check #: \_\_\_\_\_

**Fee \$150**

## Personal Services And Body Arts Application

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

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

Is this business operating under an LLC? Yes  No

If yes, please provide the full name of the LLC: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

### Type of Application

- New Establishment
- License Renewal
- Addition of Service
- Change of Ownership
- Remodel of Existing
- Other \_\_\_\_\_

### Type of Business (check all that apply):

- Hairdressing
- Nail (Manicure/Pedicure)
- Body Piercing
- Tattooing
- Esthetician (Waxing, skin treatment, facial and body treatment)
- Tanning
- Other (Please specify): \_\_\_\_\_

**Owner of Establishment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicant Title:** (owner, manger, etc.) \_\_\_\_\_

**Name of person(s) in charge & Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please provide the name, current CT issued practice license number for each employee providing services at this facility. A COPY OF THE LICENSE AND A GOVERNMENT ISSUED PHOTO ID MUST ALSO BE PRESENTED WITH THIS APPLICATION.**

Name	License Number

**Sanitizer/Disinfectant**

Type: \_\_\_\_\_ EPA Registration Number: \_\_\_\_\_

Concentration: \_\_\_\_\_

**\*\*Tattoo please attach written disinfection procedures**

**Laundry**

Done on site  Yes  No

Disinfectant Used: \_\_\_\_\_

Professional Laundry Service used  Yes  No

(please provide a copy contract)

***By signing below, you attest that the information you provided above is true and accurate to the best of your knowledge.***

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

\*\*\*\*\***Please Do Not Write Below This Area**\*\*\*\*\*

**License Month:** Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**District Assigned:** 1 2 3

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_