



CERTIFICATE OF COMPLIANCE APPLICATION

Name of Establishment: _____

Address: _____ Town: _____

Applicants Name: _____

Mailing Address: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Type of Establishment:

Barbershop Hair Salon Nail Salon Massage Therapy Establishment Other

Services Offered: (Provide Name, License Type and License # of all licensed Employees on next page)

- Haircutting
- Manicures/Pedicures (Nail Technician)
- Skin Care (Esthetician)
- Eyelash extension/lifts/color (Eyelash Technician)
- Massages (Massage Therapist)
- Hair Braiding
- Waxing

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

FEE PAID: \$145.00

DATE: _____

Quinnipiac Valley Health District

A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT

1151 Hartford Turnpike . North Haven . CT . 06473 . tel (203) 248-4528 . fax (203) 248-6671 . www.qvhd.org

Haircutting Manicures/Pedicures (Nail Technician) Skin Care (Esthetician)
 Eyelash extension/lifts/color (Eyelash Technician) Massages (Massage Therapist)

Name: _____
CT License # _____ Expiration Date: _____

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