



Town of Glastonbury

Health Department

SALON ESTABLISHMENT PERMIT APPLICATION

Date: _____ Business Name: _____

I (WE) _____ HEREBY APPLY FOR A PERMIT TO OPERATE A SALON ESTABLISHMENT IN COMPLIANCE WITH THE REQUIREMENTS OF THE GENERAL STATUTES OF THE STATE OF CONNECTICUT AND THE TOWN OF GLASTONBURY SALON ORDINANCE.

Signature of Owner: _____

Business Address: _____ Business Phone Number: _____

Mailing address for renewal, if different: _____

Owner/Operator: _____ Home Phone Number: _____

Home Address: _____ Town: _____ State: _____ Zip Code: _____

Professional License and Number: _____

Person in Charge (if not Owner): _____ Home Phone Number: _____

Home Address: _____ Town: _____ State: _____ Zip Code: _____

Services Provided




Barber Hairdresser Cosmetology Manicure Pedicure Temporary - { Not to exceed 14 days }

Professional Licenses and Numbers: _____

Professional Licenses and Numbers: _____

Professional Licenses and Numbers: _____

Normal Hours and Days of Operation: _____

-  **Salon Permits are valid from July 1st through June 30th**
-  **Please make check payable to the "Town of Glastonbury"**
-  **Send the original application & payment to: ATTN: Health Department**

FEES
Yearly: \$100
Temporary: \$25

For Office Use Only

Approved: _____

Director of Health

Date

Permit #