



Town of Darien

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Director of Health

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Health Department

APPLICATION FOR SALON PERMIT

1. Type of application:

annual permit new facility change of ownership remodeling/conversion

2. Name of Establishment: _____ **Phone:** _____

3. Address of Establishment: _____ **email:** _____

4. Address for Official Correspondence: _____

5. Name of Owner: _____ **Phone:** _____
Print

6. Address of Owner: _____ **email:** _____

7. Please check boxes to indicate all services provided:

Hair

Cutting, trimming, shaving, styling of the hair

Dressing, arranging, shampooing, curling, waving, weaving, singeing, dyeing,
bleaching and coloring of the hair

Nails

Manicuring fingernails

Pedicures - toe nails

Facials & Skin Treatments

The application of cosmetic preparation, hair tonics, antiseptics, powders, oils, clays,
creams or lotions to the scalp, face, neck and arms

Microdermabrasion or "peels"

Hair removal. Describe processes used: _____

Massage & Body Treatments

Providing massage or the application of oils, creams, lotions or other
preparations either by hand or mechanical appliances

Massaging, cleansing, exercising, stimulating, manipulating with the hands or
mechanical appliances the face, neck and arms

Hot Stone Therap

Tanning booths/room

Body Art and/or Tattoo

Other: please describe any other processes or procedures offered that are not listed above:

8. Number of employees: _____

NOTE: A copy of the applicable CT licenses for the Salon Manager and all employees who are required to hold a State license must accompany this application. Also provide a copy of a medical or nursing license if medical supervision is required.

I, the undersigned, hereby apply for a permit to operate a barber shop, hairdressing and/or cosmetology spa, salon or shop in the Town of Darien. I agree to give permission to the Darien Health Department to inspect as often as deemed necessary and will abide by all applicable provisions of the State and local regulations.

Signature of Owner: _____ Date: _____

Print Name: _____

The ANNUAL FEE as shown on the attached invoice **must be submitted** with the application together with a “menu” of services provided.

CONDITIONS:

- a) Permits are not transferrable. The Health Department must be notified of any transfer or change of ownership within 48 hours of such change
- b) Permit Renewals must be received by this Department on or before September 30.
- c) Permits must be posted in a location clearly visible to patrons.