



Trumbull Health Department  
335 White Plains Road, Trumbull, CT 06611  
Phone (203) 452-1030 - Fax (203) 452-1050

**APPLICATION FOR BEAUTY/BARBER LICENSE FOR THE YEAR \_\_\_\_\_**

**ESTABLISHMENT:**

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

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

Town: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Estab Type: \_\_\_\_\_

License Type: \_\_\_\_\_

Manager: \_\_\_\_\_

**OWNER:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**BUILDING OWNER:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

License Fee: \_\_\_\_\_

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

**SEND COMPLETED APPLICATION WITH PAYMENT TO:**

Trumbull Health Department  
335 White Plains Road  
Trumbull, CT 06611

**MAKE CHECKS PAYABLE TO:**

Trumbull Health Department

SUBMITTED BY: \_\_\_ Owner

\_\_\_ Manager \_\_\_\_\_

Signature

**FOR OFFICE USE ONLY:**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_