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

COSMETOLOGY LICENSE APPLICATION: January 1st – December 31st

License Renewal Fees: **$150,** 1-5 workstations ☐ **$250,** 5+ workstations ☐
New License ☐ License Renewal ☐ Change of Ownership ☐

Name of Establishment: _____

Street Address: _____

Establishment Phone: _____ 24 Hour Emergency Phone: _____

Email Address: _____

Days/Hours of Operation: _____

Establishment Owner: _____ Manager: _____

Street Address: _____

Mobile Phone: _____ Email Address: _____

Services Offered: Haircutting ☐ Hair Coloring ☐ Manicures ☐ Pedicures ☐
Waxing ☐ Facials ☐ Massage ☐

Licensed Management Information: establishments shall be under the management of a licensed barber or hairdresser/cosmetician. Please provide names and license numbers of all staff below.

Name:	License #:	Expires:
Name:	License #:	Expires:
Name:	License #:	Expires:
Name:	License #:	Expires:
Name:	License #:	Expires:
Name:	License #:	Expires:

Pursuant to the Code of Ordinances of the Town of Trumbull and the Connecticut Public Health Code, application is hereby made for a license to a cosmetology establishment in the Town of Trumbull. The undersigned hereby agrees to comply with the provisions of these ordinances and regulations. Licenses are non-transferrable.

By making application I agree to allow access to my establishment by Trumbull Health Department personnel for inspection purposes. License is not transferrable between persons or places. License fees are non-refundable.

X Signature of Applicant: _____ Date: _____

Office Use Only

Date Received: _____ Fee Paid: _____ Receipt #: _____ Credit Card/Cash/ Check#: _____

Licenses Attached: □Yes □No Final Approval: _____ Date Issued: _____