



The West Haven Health Department

355 Main Street 2nd Floor ▪ West Haven, CT ▪ 203-937-3660 ▪ Fax 203-937-3976

2025 – 2026 BARBERSHOP, HAIR, NAIL, AND COSMETOLOGY SHOP PERMIT RENEWAL APPLICATION

A late fee of \$10 per day will be charged. If the application is not submitted before the due date, a fee of \$200 will apply for operating without a valid permit. A return check fee of \$25 will be charged.

Name of Establishment: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Owner: _____

Owner's Address: _____

Phone: _____ Cell: _____

Can your cell phone receive text messages? YES ____ NO ____

Please Select Yes or No for the answer below.

• Do you have a hand sink in the work area? Yes ____ No ____

• Do you have a utility sink? Yes ____ No ____

• Do you have a mop sink? Yes ____ No ____

Applicant/Person in Charge: _____

Applicant's Address: _____

Phone: _____ Cell: _____

Hours and Days of Operation: _____

SERVICES OFFERED: (check all that apply) _____

Barbering_____ Manicures_____ Pedicures_____ Braiding_____

Hairdressing/Cosmetology_____ Waxing_____ Eyebrow Arching_____ Facials_____ Tattoo_____

Eyelash technician: _____ Estheticians_____

How many workstations do you have? **(Check One):**

1-5 Workstations-\$150 6-10 Workstations-\$200 11+ Workstations-\$250 Tattoo-\$300

Please list all Operators below and provide a copy of the most updated license.

<u>Name</u>	<u>License Type</u>	<u>License Number</u>
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SIGNATURE OF OWNER/APPLICANT

DATE

Any delinquent taxes owed to the City of West Haven may result in suspension or closure of your establishment per Connecticut *General Statutes Sec. 12-146a*.

- PERMIT IS NOT TRANSFERABLE BETWEEN PERSONS OR PLACES
- PERMIT FEES ARE NON-REFUNDABLE
- **OBTAIN TAX STAMP CLEARANCE IN THE BOX BELOW**

Tax Clearance Stamp

Office Use Only

Permit Fee: _____

Late Fee (if applicable): _____

Date paid: _____

Total Paid _____