



# Town of Wallingford Health Department

45 South Main Street, Room 215, Wallingford, CT 06492  
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Director of Health:  
Vanessa Bautista,  
MPH, R.S.

## PERSONAL SERVICES ESTABLISHMENT LICENSE APPLICATION

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

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Mailing Address of Establishment: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Name of Licensee/Operator\*: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

\*All individuals rendering service that require CTDPH License must have proof of license at establishment

**Annual License Fee – \$50.00**

**Code of the Town of Wallingford, Chapter 173**

**\*\*Check All Applicable Services Provided by Your Establishment\*\***

- Barber / Hair Dresser
- Cosmetics / Make-Up
- Esthetics (Skin Care, Waxing, Eyebrows, Neck & Face Massage)
- Nails (Cuts, Shapes, Polishes, Artificial Nail Application & Removal, etc.)
- Eyelash Services (Extensions, Lifts, Perms, Color Tints, etc.)
- Tattoo / Body Piercing
- Permanent Make-Up / Microblading
- Massage (Body Massage)
- Medical Spa\* (Cosmetic Medical Procedures, Botox Injections, Hair Transplants, etc.)

**\*Any Medical Spa must be evaluated to ensure compliance with state regulations. An MD, PA, or APRN must be employed or contracted by a Medical Spa to comply with state regulation. CGS 19a-903c**

**No food preparation permitted on site without a separate food service license.**

**\*List ALL Technicians Operating Within This Facility. All Licenses MUST Be Verified\***

	Name	License #	Phone #	Email
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

I HEREBY certify that I am the Licensee/Operator of the subject service establishment. **I understand that the establishment license is not transferable.** I further understand that future renovations must be reviewed and approved by the Health Department prior to the start of any construction. **The establishment license must be renewed annually by March 1<sup>st</sup>**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Corporation member names/titles: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date License Issued: \_\_\_\_\_

Type of Establishment: \_\_\_\_\_

Amount/Date Fee Paid: \_\_\_\_\_

