



Town of Greenwich
Department of Health
Division of Environmental Services
(203) 987 – 1001
www.greenwichct.org

Application Type (select)

License Filing Fee: _____
Fees are non-refundable

Application to Operate a Body Care Facility

INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETE OR APPLICATION WILL BE RETURNED. All services offered must also be listed. Any service added after a license is issued must be brought to the attention of the Department in writing prior to adding the service. At the time of filing this application, authorization will be given to verify employee information. Licenses are non-transferable.

NOTE: ADDITIONAL FACILITY APPLICATION AND LICENSE IS REQUIRED FOR FACILITIES THAT PROVIDE MASSAGE SERVICES.

SECTION 1:

Name of Facility: _____
Address: _____ City _____ State _____ Zip _____
Telephone: _____ Fax: _____ Days/Hours of Operation: _____
Email: _____ (either this or Fax # is used for Public Health alerts)

Check Here if Correspondence is to be Mailed to Owner Address below

Name of Owner (Applicant): _____
Home Address: _____ City _____ State _____ Zip _____
Home Telephone: _____

Person Responsible (if other than owner): _____
Home Address: _____ City _____ State _____ Zip _____
Home Telephone: _____

Ownership (select):

Name of Corporation _____ Address/City/St _____
Corporations must attach a list of all current directors and officers. The Department must be notified in writing when there is a corporation change of officers and directors.

Water Supply (select):

Sewage Disposal (select):

Business Type (Check All That Apply)

Barber Shop
Beauty / Hair Salon
Fitness Center
Hair Removal
Other: _____

Nail Salon
Skin Care/Treatment Facility
Tanning Salon
Tattoo/Body Piercing

Services Offered (Check All That Apply) – If you plan to offer Massage Services a separate Massage License application will need to be completed

Hairdressing and Barbering
Manicuring
Pedicure
Artificial Nails
Hot Stone Therapy
Other (Describe All) _____

Skin Care/Treatment
Ear/Body Piercing
Hair Removal
Waxing
Tattooing

Body Wraps
Tanning

NUMBER Of Licensed/Certified Professionals:**

Barbers	Nail Technician	Hairdresser/Cosmeticians
Physicians (MD)	Physician's Assistant	Hypertrichologists
Registered Nurses (RN)	Tattoo Technicians	Body Piercing Technicians
Advanced Practice Registered Nurse (APRN)	Other _____	

****ATTACH COPIES OF CURRENT STATE OF CONNECTICUT LICENSES AND TRAINING CERTIFICATION DOCUMENTS**

NUMBER of Workstations/Treatment Rooms and other related items within the Facility

Workstations (for hairdressing, barbering, cosmetology, body piercing, tattooing etc.):

Shampoo Sinks: Manicuring Stations: Pedicure Chairs: Saunas: Storage Rooms:
Skin Care/Treatment Rooms: Bathrooms: Showers: Whirlpools:
Medical Storage Rooms:

In signing this application, I have agreed to abide by and provide the required information as outlined in Article 7 of the Town of Greenwich Body Care Facilities Ordinance. In addition, I will adhere to all other applicable state and local regulations.

Name of Licensee (Applicant): _____ Title: _____
Please Print (where applicable)

Signature of Licensee _____ Date: _____

Reviewed by _____ Date: _____
Department of Health Representative

SECTION 2: To be completed for Initial Licensing Only

For all services listed, supply the following information for initial licensing.

- List **all** Facility employees with home address, contact phone number, copies of all current State of Connecticut licenses, certificates and documentation of training (certification) for each. (Note: documents of training must include what procedures professionals have been trained in and all non-licensed/certified personnel must also be listed with job assignments).
- Medical history of all communicable diseases and a current state of health for all employees who provide skin care/treatment, massage, manicure/pedicure, and body piercing/tattooing services.
- Submit copies of Building and Fire Marshall approval (where applicable)
- Submit Consumer Protection and State of Connecticut approval and/or licensure (where applicable)