



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

<input type="checkbox"/> New Facility
<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> License Renewal
<input type="checkbox"/> Remodeling
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: _____

Is Ownership: Sole Proprietor _____ Corporation _____ Limited Liability Corporation (LLC) _____ Other _____
 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 (Check One):

- ___ Public Supply
- ___ Private Well

Sewage Disposal (Check One):

- ___ Town Sewer
- ___ Septic System

Business Type (Check All That Apply)

- | | |
|-------------------------|----------------------------------|
| ___ Barber Shop | ___ Nail Salon |
| ___ Beauty / Hair Salon | ___ Skin Care/Treatment Facility |
| ___ Fitness Center | ___ Tanning Salon |
| ___ Hair Removal | ___ Tattoo/Body Piercing |
| ___ Other: _____ | |

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 | ___ Skin Care/Treatment | |
| ___ Manicuring | ___ Ear/Body Piercing | |
| ___ Pedicure | ___ Hair Removal | |
| ___ Artificial Nails | ___ Waxing | ___ Body Wraps |
| ___ Hot Stone Therapy | ___ Tattooing | ___ Tanning |
| ___ Other (Describe All) _____ | | |

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 Department of Health Representative_____ Date:_____

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)