



**CERTIFICATE OF COMPLIANCE APPLICATION**

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

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Establishment:

Barbershop  Hair Salon  Nail Salon  Massage Therapy Establishment  Other

Services Offered: (Provide Name, License Type and License # of all licensed Employees on next page)

- Haircutting
- Manicures/Pedicures (Nail Technician)
- Skin Care (Esthetician)
- Eyelash extension/lifts/color (Eyelash Technician)
- Massages (Massage Therapist)
- Hair Braiding
- Waxing

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

FEE PAID:  \$175.00

DATE: \_\_\_\_\_

Quinnipiack Valley Health District

*A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT*

1151 Hartford Turnpike . North Haven . CT . 06473 . tel (203) 248-4528 . fax (203) 248-6671 . [www.qvhd.org](http://www.qvhd.org)

Haircutting  Manicures/Pedicures (Nail Technician)  Skin Care (Esthetician)  
 Eyelash extension/lifts/color (Eyelash Technician)  Massages (Massage Therapist)

Name: \_\_\_\_\_  
CT License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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