



APPLICATION TO OPERATE A SALON OR BARBERSHOP

Name of Establishment: _____ Phone: _____

Address of Establishment: _____

Owner: _____ Phone: _____

Owner's Address: _____

Operator (If different than owner): _____

Type of establishment: Hairdressing Salon Barbershop Nail Salon Other _____

Services Offered: Manicures/Pedicures Hairdressing/Cosmetology

Hair Cutting Other _____

Days and Hours of Operation: _____

Number of Chairs/ Stations: _____

Number of Licensed Employees: _____ (Include a copy of each employee's license)

Sewage Disposal: Public Sewer Septic System

Water Supply: Public Water System Well

Type of Disinfection: Chemical What chemical is used? _____

Non-Chemical What Type? _____
(If UV Light is used, specifications on the system must be provided)

Signature of Owner: _____

Fee Due \$ _____

Amount Paid \$ _____ Cash _____ Check # _____ Receipt # _____ Date _____