



CT River Area Health District  
455 Boston Post Road, Suite 7  
Old Saybrook, CT 06475

Old Saybrook, Clinton, Deep River, Haddam, Chester, Killingworth, Durham

## MANICURE/PEDICURE SALON REGISTRATION/RENEWAL Fee: \$ 175.00

Business Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Owner Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

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

**Water Supply:** \_\_\_\_\_ Public Water \_\_\_\_\_ Well Water    **Sewage:** \_\_\_\_\_ Sewer \_\_\_\_\_ Septic System

### SERVICES OFFERED

|                |                     |                         |
|----------------|---------------------|-------------------------|
| Manicures      | ___ YES      ___ NO | _____ # of Workstations |
| Pedicures      | ___ YES      ___ NO | _____ # of Workstations |
| Other Services | List: _____         | _____ # of Workstations |

### HOURS OF OPERATION

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |

**FORM SUBMITTAL:** EMAIL OR (MAIL OR DROPOFF  
COMPLETED FORM)

Email: [crahdoffice@crahd.net](mailto:crahdoffice@crahd.net)

Scan QR  
Code to pay



I attest that the information supplied on this application is accurate and correct. I understand that this permit may not be issued or, after issuance, may be suspended, revoked, or not renewed for non-compliance with the Connecticut River Area Health District Body Care Code and/or the *Connecticut Public Health Code*

Payment Method: \_\_\_\_\_ Cash    \_\_\_\_\_ Check    \_\_\_\_\_ Credit card

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Phone: 860-661-3300

Web: [www.crahd.info](http://www.crahd.info)