



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

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

SALON REGISTRATION/RENEWAL Fee: \$ 200.00

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
Hair	YES ____ NO ____	_____ # of Workstations
Other Services YES ____ List:		_____ # of Workstations

HOURS OF OPERATION

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

FORM SUBMITTAL: EMAIL OR MAIL COMPLETED FORM)

Email: 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*.

Print Name: _____ **Signature:** _____ **Date:** _____

Phone: 860-661-3300

Web: www.crahd.info

Payment Method: _____ Cash _____ Check _____ Credit card