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
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

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