



CT River Area Health District  
 455 Boston Post Road, Suite 7, Old Saybrook, CT 06475  
 Phone: 860-661-3300 Web:www.crahd.info

**BODY CARE ESTABLISHMENT REGISTRATION**

**Fee: \$ 100.00**

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
Hairdressing	___ YES      ___ NO	_____ # of Workstations
Massage	___ 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)

**PAYMENT SUBMITTAL:** PAY ONLINE WITH A CREDIT/DEBIT CARD OR (MAIL OR DROPOFF CHECK)  
 Scan QR Code or pay here: <https://buy.stripe.com/7sl0022wB1WycBa4gg>

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*

Specify Payment Method: \_\_\_\_\_ Check      \_\_\_\_\_ Online

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