



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



PAYMENT SUBMITTAL: PAY ONLINE WITH A CREDIT/DEBIT CARD OR (MAIL OR DROPOFF CHECK)
 Scan QR Code or pay here: <https://www.crahd.info/blank>

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** _____