



Town of Greenwich
 Department of Health
 Division of Environmental Services
 (203) 622 – 7838
www.greenwichct.org

<input type="checkbox"/> New Facility <input type="checkbox"/> Change of Ownership <input type="checkbox"/> License Renewal <input type="checkbox"/> Remodeling License Filing Fee: _____ Fees are non-refundable

Application to Operate a Body Care Facility

INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETE OR APPLICATION WILL BE RETURNED.
 All services offered must also be listed. Any service added after a license is issued must be brought to the attention of the Department in writing prior to adding the service. At the time of filing this application, authorization will be given to verify employee information. Licenses are non-transferable.

NOTE: ADDITIONAL FACILITY LICENSE IS REQUIRED FOR ESTABLISHMENTS THAT PROVIDE MASSAGE SERVICES.

SECTION 1: To Be Completed By All Applicants

Name of Facility: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____ Days/Hours of Operation: _____

Name of Owner (Applicant): _____

Home Address: _____ City _____ State _____ Zip _____

Home Telephone: _____

Person Responsible (if other than owner): _____

Home Address: _____ City _____ State _____ Zip _____

Home Telephone: _____

Is Ownership: Sole Proprietor _____ Corporation _____ Limited Liability Corporation(LLC) _____ Other _____

Name of Corporation _____ Address/City/St _____

Corporations must attach a list of all current directors and officers. The Department must be notified in writing when there is a corporation change of officers and directors.

Water Supply (Check One):

- ___ Public Supply
- ___ Private Well

Sewage Disposal (Check One):

- ___ Town Sewer
- ___ Septic System

Business Type (Check All That Apply)

- ___ Barber Shop
- ___ Beauty / Hair Salon
- ___ Fitness Center
- ___ Hair Removal
- ___ Massage Establishment*

- ___ Nail Salon
- ___ Skin Care/Treatment Facility
- ___ Tanning Salon
- ___ Tattoo/Body Piercing
- ___ Other: _____

Services Offered (Check All That Apply)

- ___ Hairdressing and Barbering
- ___ Manicuring
- ___ Pedicure
- ___ Artificial Nails
- ___ Body Wraps
- ___ Hot Stone Therapy
- ___ Tattooing
- ___ Other (Describe All) _____

- ___ Skin Care/Treatment
- ___ Ear/Body Piercing
- ___ Hair Removal
- ___ Waxing
- ___ Massage
- ___ List Types: _____
- ___ Tanning

NUMBER Of Licensed/Certified Professionals:**

___ Barbers	___ Massage Therapists	___ Tattoo Technicians
___ Hairdresser/Cosmeticians	___ Physicians (MD)	___ Physicians Assistant
___ Nail Technician	___ Hypertrichologists	___ Registered Nurses (RN)
___ Body Piercing Technicians	___ Advanced Practice Registered Nurse (APRN)	___ Other

****ATTACH COPIES OF CURRENT STATE OF CONNECTICUT LICENSES AND TRAINING CERTIFICATION DOCUMENTS**

NUMBER of Workstations/Treatment Rooms and other related items within the Facility

Workstations (for hairdressing, barbering, cosmetology, body piercing, tattooing etc.): _____
 Shampoo Sinks: _____ Massage Rooms: _____ Manicuring Stations: _____ Pedicure Chairs: _____
 Saunas: _____ Storage Rooms: _____ Skin Care/Treatment Rooms: _____ Bathrooms: _____ Showers: _____
 Whirlpools: _____ Medical Storage Rooms: _____

In signing this application, I have agreed to abide by and provide the required information as outlined in Article 7 of the Town of Greenwich Body Care Facilities Ordinance. In addition, I will adhere to all other applicable state and local regulations.

Name of Licensee (Applicant): _____ Title: _____
 Please Print (where applicable)
 Signature of Licensee _____ Date: _____
 Reviewed by Department of Health Representative _____ Date: _____

SECTION 2: To be completed for Initial Licensing Only

For all services listed, supply the following information for initial licensing.

- List **all** Facility employees with home address, contact phone number, copies of all current State of Connecticut licenses, certificates and documentation of training (certification) for each. (Note: documents of training must include what procedures professionals have been trained in and all non-licensed/certified personnel must also be listed with job assignments).
- Medical history of all communicable diseases and a current state of health for all employees who provide skin care/treatment, massage, manicure/pedicure, and body piercing/tattooing services.
- Submit copies of Building and Fire Marshall approval (where applicable)
- Submit Consumer Protection and State of Connecticut approval and/or licensure (where applicable)