

Wallingford Health Department  
Phone (203) 294-2065 Fax (203) 294-2064

***Barbershop and Beauty/Nail Salon Registration***

Name of Salon: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Fax #: \_\_\_\_\_

Days/Hours of  
Operation: \_\_\_\_\_

Services Provided : Nails  Pedicure  Hair

**Owner/Management Information**

Owner's Name: \_\_\_\_\_

Number of Licensed Staff: \_\_\_\_\_

Number of Unlicensed Staff: \_\_\_\_\_

Cosmetologist Name/License #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return to: Wallingford Health Department  
Town of Wallingford  
45 South Main St., RM 215  
Wallingford, CT 06492

“Salon” includes any shop, store, or other commercial establishment at which the practice of barbering, as described in Section 20-234 of the General Statutes, hairdressing and cosmetology as defined in Section 20-250 of the General Statutes, or the services of a nail technician, or any combination thereof, is offered and provided.

“Nail technician” means any person who, for compensation, cuts, shapes, polishes or enhances the appearance of the nails of the hands, including, but not limited to, the application and removal of sculptured or artificial nails.