Ledge Light Health District

943 North Road · Route 117
Post Office Box 909 · Groton, Connecticut 06340-0909

Barbershops, Hairdressing, Cosmetology Shops, and Nail Salons

APPLICATION FOR 2006
ANNUAL LICENSE

Name of Establishment _____
Address _____
Telephone # of Establishment _____ Fax # at Establishment _____
Owner / Operator_____Telephone # _____
Owner / Operator's State of Connecticut Barber / Cosmetician License Number#_____
License expiration date:_____

Legal notice address if different from above _____

Type of Services Provided (please check all that apply)

Barber Shop _____ Hairdressing _____
Nail Salon _____ Cosmetology _____

Water Supply Public Private Date of Last Test: _____
Sewage Disposal Public Private Date of Last Pump: _____

Is food or beverage provided for the public on site? YES _____ NO _____

_____ _____
Applicant's Signature Health District Signature DATE

Annual License Fee: $100.00

Make checks payable to: Ledge Light Health District, P.O. Box 909, Groton, CT 06340
(there is a $25.00 charge for all returned checks)

Office Use Only:

FEE PAID ____ CHECK _____ CASH _____ LICENSE PREPARED ____ MAILED_____