



Trumbull Health Department
335 White Plains Road, Trumbull, CT 06611
Phone (203) 452-1030 - Fax (203) 452-1050

APPLICATION FOR BEAUTY/BARBER LICENSE FOR THE YEAR _____

ESTABLISHMENT:

Name: _____

Address: _____

Town: _____

Phone: _____

Fax: _____

Estab Type: _____

License Type: _____

Manager: _____

OWNER: _____

Address: _____

City, State, Zip: _____

BUILDING OWNER: _____

Address: _____

City, State, Zip: _____

License Fee: _____

Due Date: _____

SEND COMPLETED APPLICATION WITH PAYMENT TO:

Trumbull Health Department
335 White Plains Road
Trumbull, CT 06611

MAKE CHECKS PAYABLE TO:

Trumbull Health Department

SUBMITTED BY: ___ Owner

___ Manager _____

Signature

FOR OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____ CHECK #: _____ RECEIPT #: _____