



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



## COSMETOLOGY LICENSE APPLICATION - 2024

**Make checks payable to the Trumbull Health Department**

**FEE AMOUNT: \$150 (1-5 stations) - \$250 (5+ stations)**

Cosmetology Establishment Information

New License ☐

License Renewal ☐

Change of Ownership ☐

\*\*\* (Please Print Clearly) \*\*\*

Name of Establishment:			
Manager's Name:			
Street Address:			
City, State, Zip Code:	<b>Trumbull, CT 06611</b>		
Phone #:		24 hr Emergency Phone:	
Fax #:		Email Address:	

### Cosmetology Owner Contact Information

Owner's Name:			
Street Address:			
City, State, Zip Code:			
Phone #:		Fax #:	
Email Address:		Cell Phone #:	

### Renovations

Were there any renovations made last year? YES ☐ NO ☐ If Yes, remodeling date: \_\_\_\_\_

### Mailing Address to send Cosmetology Renewal Permit to:

Name:	
Attn:	
Address 1:	
Address 2:	
City, State, Zip Code:	
Phone:	

### Days / Hours of Operation

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

### Type of Services Offered:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Braiding    | <input type="checkbox"/> Hair coloring |
| <input type="checkbox"/> Haircutting | <input type="checkbox"/> Massage*      |
| <input type="checkbox"/> Facials     | <input type="checkbox"/> Pedicures     |
| <input type="checkbox"/> Manicures   | <input type="checkbox"/> Waxing        |

\*Include a photocopy of each massage therapist's valid CT issued massage therapy license and current CT driver's license or other government issued photo ID

### Number of Workstations:

- ☐ 1 to 5 workstations \$150  
☐ 5+ workstations \$250

(over)

### Licensed Management Information

Establishments shall be under the management of a licensed Barber or Hairdresser/Cosmetician. Please provide names & license numbers below:

Name: <input type="checkbox"/> same as owner	License#:	Expiration
	Date:	
Name:	License#:	Expiration
	Date:	
Name:	License#:	Expiration
	Date:	
Name:	License#:	Expiration
	Date:	
Name:	License#:	Expiration
	Date:	

Pursuant to the Code of Ordinances of the Town of Trumbull and the Connecticut Public Health Code, application is hereby made for a license to a cosmetology/nail establishment in the Town of Trumbull. The undersigned hereby agrees to comply with the provisions of these ordinances and regulations. **Licenses are not transferable.**

\* Section 53a-175 False Statement: Class A Misdemeanor: (A) A person guilty of a false statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function.

(B) False Statement a Class A Misdemeanor. The penalty for a Class A Misdemeanor is imprisonment for a term not to exceed one year, or a fine not to exceed \$1,000 or both. (Sections 53a-28(b), and 53a-36, and 53a-42).

**By making application I agree to allow access to my establishment Trumbull Health Department personnel for inspection purposes. License is not transferrable between persons or places. License fees are non-refundable.**

X Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only** Classification: \_\_\_\_\_

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Cash/ Check#: \_\_\_\_\_

Final Approval: \_\_\_\_\_ Date Issued: \_\_\_\_\_