City of Bridgeport
Department of Health & Social Services
Environmental Health

Joseph P. Ganim
Mayor

999 Broad Street,
Bridgeport, CT 06604

Dr. Elizabeth Rivera-Rodriguez, MPH
Dir. of Health & Social Services

PERSONAL SERVICES APPLICATION

OFFICE USE ONLY

Insp. #_____

Date: _____

OPERATION TYPE

Fee: **$175 Barber Shop** ☐

Fee: **$175 Beauty Salon** ☐

Fee: **$175 Hair Braider** ☐

Fee: **$175 Nail Shop** ☐

Fee: **$175 Esthetician** ☐

Fee: **$175 Eyelash** ☐

Fee: **$175 Mircoblading** ☐

Fee: **$175 Massage Therapy** ☐

Fee: **$175 Tattoo** ☐

Late Fee: _____

EXEMPT: ☐

Total: _____

C/MO#: _____

Received by: _____

_____
(NAME OF ESTABLISHMENT)

_____
(ADDRESS)

_____
(CITY, STATE, ZIP CODE)

_____
(PHONE)

SERVICES OFFERED

☐ HAIR DRESSING /COSMOTOLOGY ☐ BARBERING ☐ HAIR BRAIDING ☐ NAILS ☐WAXING ☐SKIN TREATMENTS ☐MAKEUP ☐ EYE LASHES ☐ MICRO-BLADING (requires CT tattoo license) ☐TATTOOING ☐MASSAGE THERAPY

_____
(NAME OF OWNER)

_____
(HOME ADDRESS)

_____
(CITY, STATE, ZIP CODE)

_____
(PHONE)

_____
(EMAIL)

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed **JUNE 1ST annually. Late charge is an additional $175 dollars.**

THIS LICENSE IS NOT TRANSFERRABLE, NON-REFUNDABLE AND NOT PRORATED

Please make Cashier's Check or Money Order to: **Bridgeport Health Department**

Applicant's Signature: _____ **Date:** _____