



# Town of Darien

## Health Department

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### APPLICATION FOR COSMETOLOGY / SALON PERMIT

annual permit    new facility    change of ownership

Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_ email: \_\_\_\_\_

Address for Official Correspondence: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ email: \_\_\_\_\_

Please check boxes to indicate all services provided:

**Hair (\$100)**

- Cutting, trimming, shaving, styling of the hair
- Dressing, arranging, shampooing, curling, waving, weaving, singeing, dyeing, bleaching and coloring of the hair

**Nails (\$100)** (*Nail Technicians need State License, effective January 1, 2021*)

- Manicuring fingernails
- Pedicures - toe nails

**Facials & Skin Treatments (\$100)** (*Estheticians need a State License, effective 7/1/2020*)

- The application of cosmetic preparation, hair tonics, antiseptics, powders, oils, clays, creams or lotions to the scalp, face, neck and arms
- Microdermabrasion or "peels"
- Hair removal/waxing. Describe processes used: \_\_\_\_\_
- Eyelash Extensions (*Eyelash Technicians need a State License, effective 7/1/2020*)

**Massage & Body Treatments (\$100)** (*State License needed to provide massage and tattoo service*)

- Providing massage or the application of oils, creams, lotions or other preparations either by hand or mechanical appliances
- Massaging, cleansing, exercising, stimulating, manipulating with the hands or mechanical appliances the face, neck and arms
- Hot Stone Therapy
- Tanning booths/room
- Body Art, Permanent Make-Up, Microblading and/or Tattoo

Other: please describe any other processes or procedures offered that are not listed above:

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Number of employees: \_\_\_\_\_

**NOTE: A copy of the applicable CT licenses for the Salon Manager and all employees who are required to hold a State license must accompany this application. Also provide a copy of a medical or nursing license if medical supervision is required.**

**I, the undersigned, hereby apply for a permit to operate a barber shop, hairdressing and/or cosmetology spa, salon or shop in the Town of Darien. I agree to give permission to the Darien Health Department to inspect as often as deemed necessary and will abide by all applicable provisions of the State and local regulations.**

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

The ANNUAL FEE as shown on the attached invoice **must be submitted** with the application together with a “menu” of services provided.

**CONDITIONS:**

- a) **Permits are not transferrable. The Health Department must be notified of any transfer or change of ownership prior to any such change.**
- b) **Permit Renewals must be received by this Department on or before September 30 or a late fee of \$100 will be assessed after 10 days.**
- c) **Permits and all required Connecticut licensure must be posted in a location clearly visible to patrons.**
- d) **“Certificates of Inspection” must be posted in the front window or at the facility entrance, plainly visible to the public.**