



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Environmental Health

999 Broad Street, Bridgeport, CT 06604
Telephone: 203-576-7474
Fax: 203-576-7793
bridgeportct.gov/EnvironmentalHealth

Dr. Elizabeth Rivera-Rodriguez, DNP, MPH, MSN, RN
Director of Health & Social Services

Sumit Sharma, MPH, MDiv.
Deputy Director of Health & Social Services

Audrey M. Gaines, BS
Deputy Enforcement Officer

PERSONAL SERVICES APPLICATION

OFFICE USE ONLY	
Insp. # _____	
Date: _____	
OPERATION TYPE	
Fee: \$175 Barber Shop	<input type="checkbox"/>
Fee: \$175 Beauty Salon	<input type="checkbox"/>
Fee: \$175 Hair Braider	<input type="checkbox"/>
Fee: \$175 Nail Shop	<input type="checkbox"/>
Fee: \$175 Esthetician	<input type="checkbox"/>
Fee: \$175 Eyelash	<input type="checkbox"/>
Fee: \$175 Microblading	<input type="checkbox"/>
Fee: \$175 Massage Therapy	<input type="checkbox"/>
Fee: \$175 Tattoo	<input type="checkbox"/>
EXEMPT	<input type="checkbox"/>
Late Fee: _____	
Total: _____	
C/MO#: _____	
Received by: _____	

(NAME OF ESTABLISHMENT)

(ADDRESS)

(CITY, STATE, ZIP CODE)

(PHONE)

SERVICES OFFERED

- Hair Dressing/Cosmetology Barbering Hair Braiding Nails
Waxing Skin Treatments Makeup Eye Lashes Massage Therapy
Micro-Blading (requires CT tattoo license) Tattooing

(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: _____