



Joseph P. Ganim  
Mayor

City of Bridgeport

# Department of Health & Social Services Environmental Health

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[Bridgeportct.gov/EnvironmentalHealth](http://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

## PERSONAL SERVICES APPLICATION

<b>OFFICE USE ONLY</b>	
Insp. # _____	
Date: _____	
<b><u>OPERATION TYPE</u></b>	
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 Mircoblading <input type="checkbox"/>	
Fee: \$175 Massage Therapy <input type="checkbox"/>	
Fee: \$175 Tattoo <input type="checkbox"/>	
Late Fee: _____	
EXEMPT: <input type="checkbox"/>	
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: \_\_\_\_\_