



## **COSMETOLOGY LICENSE APPLICATION**

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay the issuance of your license. Any license issued pursuant to this application will be subject to applicable State and Chatham Health District Regulations. Licenses are valid from July 1<sup>st</sup>, 2023 through June 30<sup>th</sup>, 2024. Chatham Health District must be notified at least 30 working days prior to any change in ownership. **Licenses are non-transferrable**.

Name of Establishment:				
Address of Establishment:				
Mailing Address:				
Phone & E-mail :				
Name of Manager/Operator*:				
Phone # for 24-Hour Emergency Contact:				
Name of Legal Owner:				
License Fee: \$110.00 per location				
Type of Services Provided:	□ Nails □ Threading □ L	ashes 🗌 Facials/	/Waxing/Makeup	
Water Supply: Public Private well (if Sewage Supply: Public Private septic	private well, must submit resul	ts of an annual bac	teriologic test)	
Is food or beverage provided for the public on site?		Hours o	Hours of Operation	
		Sunday	То	
		Monday	То	
		Tuesday	То	
Applicant Signature	Date	Wednesday	То	
		Thursday	То	
Diseas Drint Name		Friday	То	
Please Print Name		Saturday	То	
*Nail Technicians are not currently required to obtain a personal lice Make checks payable to: Chatham Health District (There is a \$25.00				
Office Use Only:				
Check#: Cash: Receipt#:				