

MPTN FOOD SAFETY & SANITATION



Salon Registration Form

Registration Type

New

Renewal

Revision (no fee)

Salon Information

Name:

Location:

Phone:

Fax:

Mailing Address

Street:

P.O. Box:

Town:

State:

Zip:

Owner Information

Name:

Title:

Phone:

Cell:

Fax:

Email:

Owner/Parent Company Address (if different)

Company Name:

Street:

P.O. Box:

Town:

State:

Zip:

Operator Information (if different)

Name:

Title:

Phone:

Cell:

Fax:

Email:

Check All Salon Activities to be practiced

Activities Requiring Technician License¹

- Barbering
- Hair Dressing/Cosmetology
- Body Art²
 - Tattooing
 - Body Piercing
 - Massage Therapy

Activities Not Requiring License

- Ear Piercing
- Manicuring
- Pedicuring
- Other (list below):

Hours of Operation

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Operational Details

Total Facility Area (sqft.): _____ # of Work Areas: _____ # of Work Stations: _____

of Licensed Techs¹: _____ # of Non-Licensed Techs: _____

Will the Owner perform Salon Activities? YES NO

Will the Operator perform Salon Activities? YES NO

Will Salon Require "Sharps" disposal? (if yes, sharps containers must be supplied) YES NO

Describe Sterilization Methods

¹ You must attach a Technician Registration Form for each Licensed Technician

² Salons practicing Body Art must attach a copy of their Health Questionnaire and Aftercare Instructions

Applicant Certification:

By signing this registration I am certifying that:

- all information provided with this registration is true and correct to the best of my knowledge;
- if any information provided changes I am responsible for revising this registration form within thirty (30) calendar days of such changes; and
- at all times the Salon will be operated in compliance with title 11 of the MPTN Land Use Regulations and any other applicable laws and regulations.

Signature

Date:

Name:

Title:

Submit registration to:

Mashantucket Pequot Tribe, Regulatory Affairs
550 Trolley Line Blvd.
P.O. Box 3202
Mashantucket, CT 06338-3202

*New registrations & renewals must include the \$100 registration fee
Checks are to be made payable to MPTN*

For Office Use Only:

Date Received		Date Reviewed	
Date Inspected		Inspector Name	
Date Registration Issued		Salon Registration Number	