TOWN OF HALIFAX
COMMONWEALTH OF MASSACHUSETTS

Board of Health
499 Plymouth Street, Halifax, MA 02338
Telephone (781)293-6768 * Fax (781)293-1738
Cathleen Drinan, Health Agent: Email * cdrinan@town.halifax.ma.us
Peggy Selter, Administrative Assistant: Email * mselter@town.halifax.ma.us

Artificial Nail Salon Permit Application

Applications received after the December 31st deadline, fees will be ***doubled in amount***. Failure to pay late fees will result in non renewal of permit.

*** Liability Insurance is a requirement for the Halifax Board of Health to issue a permit. If you have any questions, please contact our office at 781-293-6768. ***

Business Information

Permit Fee
$_____
Payment is due with application

Type of Permit
Artificial Nail Salon

Establishment Name: _____
Establishment Mailing Address: _____
Establishment Telephone #: _____
Applicant Name & Title: _____
Applicant Address: _____
Applicant Telephone #: _____
24 Hour Emergency #: _____
Applicant E-Mail Address(s): _____
Owner Name & Title (if different from applicant): _____
Owner Address (if different from applicant): _____

Be sure to include copies of the following documents:
- Worker's Compensation Affidavit Form ☐
- Worker's Compensation Insurance Certificate ☐
- Liability Insurance Certificate ☐
- Application Fee ☐

Establishment Owned by: If a corporation or partnership, give name, title and home address of officers or partners.

☐ An Association ☐ A Corporation ☐ an Individual
☐ A Partnership ☐ Other legal entity

Operational Information

Person Directly responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)

Name & Title: _____
Address: _____
Telephone #: _____ Emergency Contact #: _____
Fax #: _____ E-Mail: _____

District or Regional Supervisor (if applicable)

Name & Title: _____
Address: _____
Telephone #: _____ Emergency Contact #: _____
Fax #: _____ E-Mail: _____

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Please describe/list all services to be provided at the Nail Salon and what department permits such activity.

For Example:
Hair dressing is supervised by the State Board of Cosmetology.
Pedicures are supervised by the State Board of Cosmetology and permitted by the Halifax Board of Health.
(Attach additional sheets if necessary.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

- I, the applicant for the above named Nail Salon, will update this description as soon as changes occur, at least once a year at time of re-permitting.
- I, the applicant, will keep copies of all applicable regulations on site.
- I, the applicant, have received an emergency plan from the Board of Health, at the cost of _____ and will keep said emergency plan on site at all times and will use it for training purposes for all employees.

Signature: _____ **Date:** _____