



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 Establishments

The Environmental Health Division requires the following documents for new personal service establishments, or a change of ownership to an existing establishment (copies are acceptable).

1. **Zoning Department** - Zoning Compliance Application letter, City Hall, 45 Lyon Terrace, (203) 576-7217.
2. **Building Department** - Certificate of Occupancy for any exterior or interior renovations, City Hall, 45 Lyon Terrace, (203) 576-7225.
3. **Town Clerk's Office** - Trade name Certificate, City Hall, 45 Lyon Terrace, (203) 576-7208.
4. **Tax Collector's Office** - Tax Inquiry Form, City Hall, 45 Lyon Terrace, (203) 576-7271.
5. **Lease or bill of sale.**
6. **Fire Marshal's Office** - Written approval for: floor plan review, new or existing equipment, and compliance with prior fire violations, City Hall, 45 Lyon Terrace, (203) 576-8013.
7. **Floor Plan of the Establishment** - Indicate the location of all: sinks, workstations, treatment rooms, storage areas, and rest rooms. Provide material specifications where required. A plan review fee of \$100 to \$300 will be assessed based on the area (sq ft) of the establishment.
8. **Indicate All Service Offerings** - Hair cutting, waxing, nails, hair braiding, skin treatments, makeup, eyelashes, tattooing, and microblading*.
9. **State of Connecticut License** – Professional license issued by the State of Connecticut Department of Health (as applicable) for: Hairdressing and Cosmetology, Barber, Nail Technician, Esthetician, Eyelash Technician, and Tattoo Technician. *Note: Microblading requires a Tattoo Technician License.

Note: At the time of the pre-operational inspection a licensing fee of \$175 is payable by Money Order Only. No cash, business checks or personal checks will be accepted. Annual renewal of license is also \$175.

CITY OF BRIDGEPORT
PERSONAL PROPERTY TAX INQUIRY FORM

To be filled out by Tax Collector:

The property located at:

ID #

ADDRESS

Is the property current on its Personal Property Taxes?

To be filled out by the Tax Collector, room 121, 45 Lyon Terrace

Is / is not current in its Personal Property taxes or:

- Delinquent Entity:

- Name: _____

- Address: _____

Is a tax exempt entity.

Attached is a zero-balance bill or attached is the outstanding obligation.

Veronica Jones
Tax Collector
City of Bridgeport
45 Lyon Terrace, room 121
Bridgeport, CT 06604
Phone: (203) 576-7271
Fax: (203) 332-5628
Email: Veronica.Jones@bridgeportct.gov

Date: _____



BRIDGEPORT FIRE DEPARTMENT Fire Marshal Division

45 LYON TERRACE, ROOM 211, BRIDGEPORT, CT 06604
Telephone (203) 576-8013



COMPLIANCE INSPECTION FORM

(Please print and complete pertinent areas only.)

Date: _____ Inspection #: (Fire Marshal Only) _____

Vendor Cart Food Establishment Business Other: _____

Name of Establishment: _____

Establishment Address: _____

License Plate: _____ Issuing State: _____

Compliance Disposition: **PASS** **FAIL**

Inspector – Fire Marshall (print)

(signature)

Owner/Proprietor (print)

(signature)



FIRE INSPECTOR – CUT/TEAR AT LINE. RETURN THIS LOWER PORTION

Date: _____ Inspection #: (Fire Marshal Only) _____

Vendor Cart Food Establishment Business Other: _____

Name of Establishment: _____

Establishment Address: _____

License Plate: _____ Issuing State: _____

Compliance Disposition: **PASS** **FAIL**

Inspector – Fire Marshall (print)

(signature)

Owner/Proprietor (print)

(signature)