

CITY OF NEW HAVEN

Health
Department



424 Chapel Street, 1st Floor • New Haven, Connecticut 06511 • 203-946-6999

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

CitySquared Guide for Body Care Facility License

Applications

BEFORE STARTING, PLEASE HAVE THE FOLLOWING:

- Email and password for CitySquared:** Register at CitySquared.com if this is your first time using their platform
- Copy of each document listed below uploaded to your computer or phone:
 - **Current license issued by the State of Connecticut Department of Public Health for each technician.**
 - **A copy of each technician's current Connecticut driver's license, or a valid driver's license from another state, or a government-issued photo ID**
 - **A diagram of your establishment showing all equipment's location, including handwashing sinks and utility sinks.**
 - **Written approval from the New Haven Zoning Enforcement Officer that the establishment is permissible under local Zoning code (Tattoo/Body Piercing Shops only).**
- Payment:** Payments MUST be made online or at the New Haven Health Department. You must **successfully complete** the entire application process **before** you can make a payment.

While filling out the application, remember:

* **DO NOT PRESS ABANDON** WHILE FILLING OUT THE APPLICATION. YOUR PROGRESS WILL NOT BE SAVED, AND YOU WILL HAVE TO START THE **ENTIRE** APPLICATION PROCESS FROM THE BEGINNING.

* IF YOU CANNOT FINISH THE APPLICATION AT ANY TIME, **PRESS DRAFT TO SAVE YOUR PROGRESS.**

*If you need further assistance with your application, contact us at 203-946-8174. For support logging into CitySquared, email MunicipalitySupport@ICC-CDS.com or call 855-436-5500.

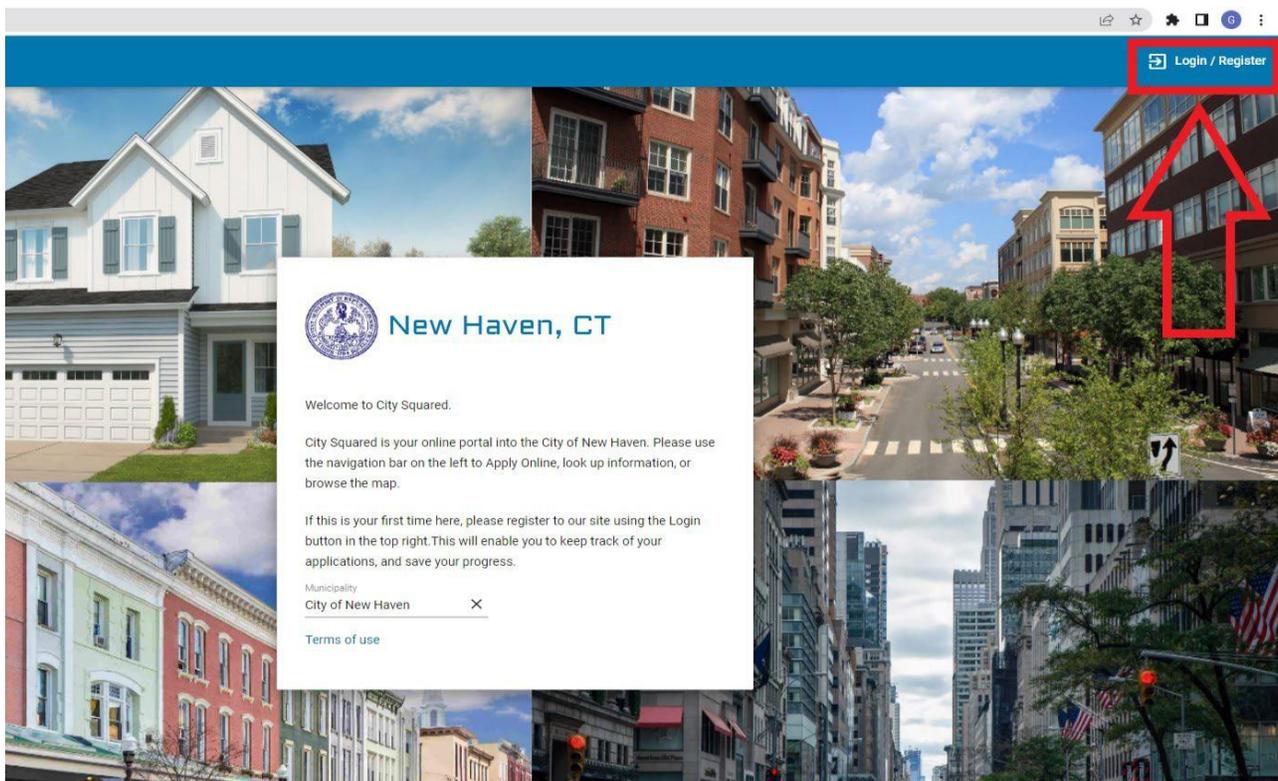
On your computer or phone, go to: <https://www.citysquared.com>

✓ **TYPE THIS WEBSITE EXACTLY AS IT IS WRITTEN**

✓ **ENSURE YOU ARE USING GOOGLE CHROME**

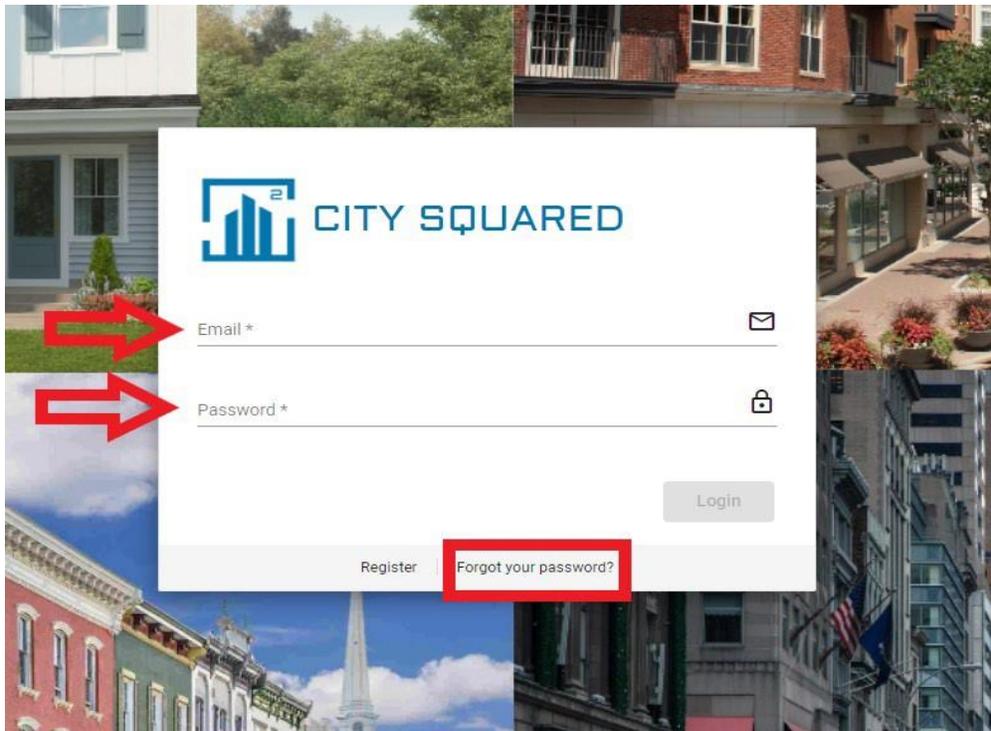
- a. If this is your first time using the site, you must **REGISTER** for an account.
- b. After registering, CitySquared will send you a verification email. You must click the link in the email to verify your account and to be able to continue with the application process.
- c. **Please remember your username and password as you will need this to access your account every year during renewal and to access general account information. The Health Department DOES NOT keep records of usernames and passwords.**

NOTE: Do not opt for the two-factor authentication when registering for an account. There is an issue with the system that will prevent/delay the registration and/or logging into the system.

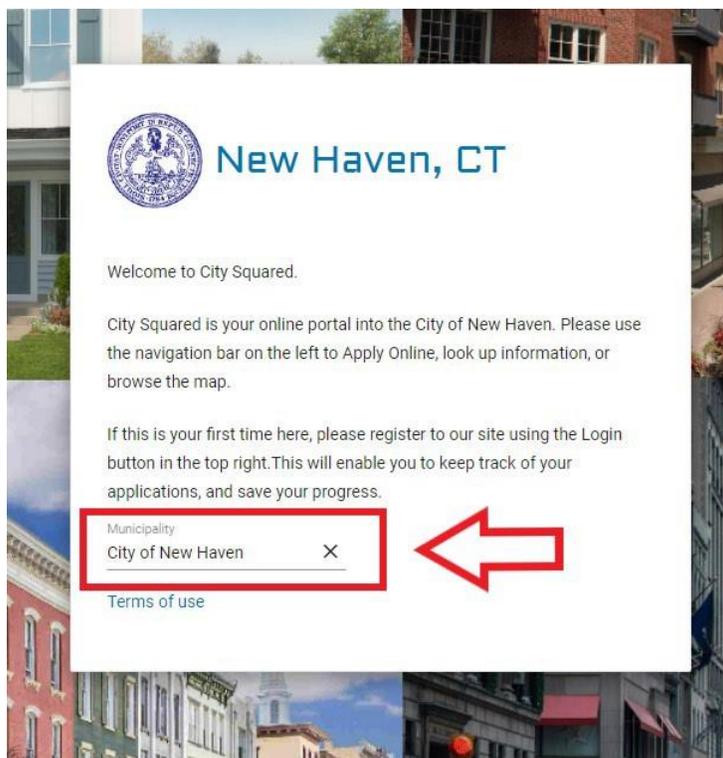


2. **LOG ONTO YOUR ACCOUNT.**

- a. If you have forgotten your password, click on “forgot your password?” to reset your password.



3. **Choose City of New Haven for the MUNICIPALITY**



4. Click **HEALTH DEPARTMENT**

 **New Haven, CT**

Welcome to New Haven City Squared.

City Squared is your online portal into the City of New Haven. Please use the navigation bar on the left to Apply Online, look up information, or browse the map.

If this is your first time here, please register to our site using the Login button in the top right. This will enable you to keep track of your applications, and save your progress.

Disclaimer:
Please note that any media files associated with a permit can be found under the application entity until the issue is resolved. We appreciate your patience and apologize for any inconvenience.

Municipality
City of New Haven X

[Terms of use](#)

Find all of City of New Haven's online services here: Use an option from the left or buttons below. X

My Dashboard	Property Lookup	Map/GIS
Building Department Permits	Outdoor Seating Licenses	Health Department
Livable City Initiative Department	DPW Permits	City Plan Department
Special Events	Transportation Traffic and Parking Department	

5. Click **Health- Salon Tattoo and Body Care**

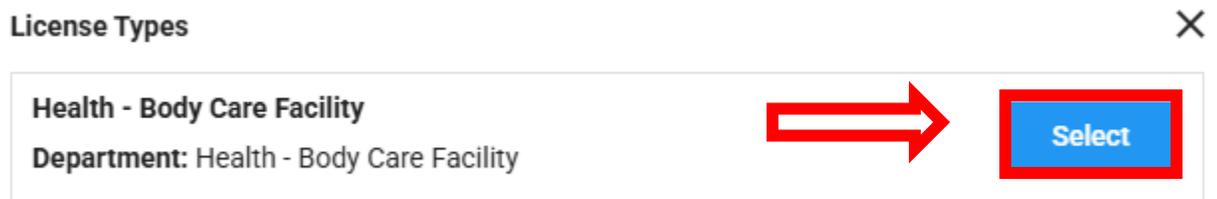
Health Department X

Health - Food Service Establishment	Health - Salon Tattoo and Body Care	Health - Temporary Service Establishment
Health - Weights and Measures		

6. Click License Type



7. Click Select



8. You will then see the following:



[Redacted] A

[Redacted] B

[Redacted] C

[Redacted] D

[Redacted] E

[Redacted] F

[Redacted] G

[Redacted] H

A. **DETAILED DESCRIPTION.** Briefly describe your establishment.

B. **Input your BUSINESS NAME**

C. **Input your BUSINESS TELEPHONE NUMBER.** Type in NUMBER.

D. **LICENSE REQUEST TYPE.** Select one:

- New License/Change of Ownership
- License Renewal
- Temporary License (only Tattoo/Body Piercing Establishments)

E. **Input your Business Street Address.**

F. **Input your BUSINESS EMAIL ADDRESS**

G. **HAS YOUR ESTABLISHMENT GONE THROUGH A PLAN REVIEW?** Answer YES or NO

H. **DOES ANY OTHER PERSON(S) OR CORPORATION(S) HAVE AN INTEREST IN THIS BUSINESS?**

- If YES, please list the name(s) and addresses of the individual(s) or corporation that has an interest in the business

9. **SEARCH FOR THE BUSINESS NAME OR LOCATION OF OF YOUR ESTABLISHMENT**

- Type in the ADDRESS OF ESTABLISHMENT. NUMBER AND STREET NAME ONLY. DO NOT INCLUDE AVENUE (AVE), STREET (ST), OR ROAD (RD).
- Press the SEARCH BUTTON. 

Details

Search for the Business Name or location of Business Establishment (Number and street name only, no extension such as Rd. St. Ave.), click Add, then click Next to continue with the location selected in the search.

Find Your Tenant

Search *



Create Tenant

- Once you see the name of your establishment, click **ADD, then NEXT.**

PROCEED TO #8. Select the Certified Food Protection Manager (CFPM) for your establishment

9a. If you cannot find your establishment, you must select CREATE TENANT:

Details

Search for the Business Name or location of Business Establishment (Number and street name only, no extension such as Rd. St. Ave.), click Add, then click Next to continue with the location selected in the search.

Find Your Tenant

Search *



Create Tenant



- When you click CREATE TENANT, you will see this:

Search for the Business Name or location of Business Establishment (Number and street name only, no extension such as Rd. St. Ave.), click Add, then click Next to continue with the location selected in the search.

Create Tenant

Name *



Occupancy Type *

Address *

Address is required

Address Line 2

Unit Number

City *

City is required

State *

CT

Zip *

Zip is required



Cancel

Add

- Fill out ALL the fields.
- For the OCCUPANCY TYPE, choose **CATERER**.
- Click ADD

10. **SELECT OR ADD AN AUTHORIZED OWNER/MANAGER FOR YOUR ESTABLISHMENT**

Please select or add an authorized owner/manager for your establishment.

Find Your Contacts

Local Results(0) State License Results(0)

Search *

Create Contact

Currently Added Contacts

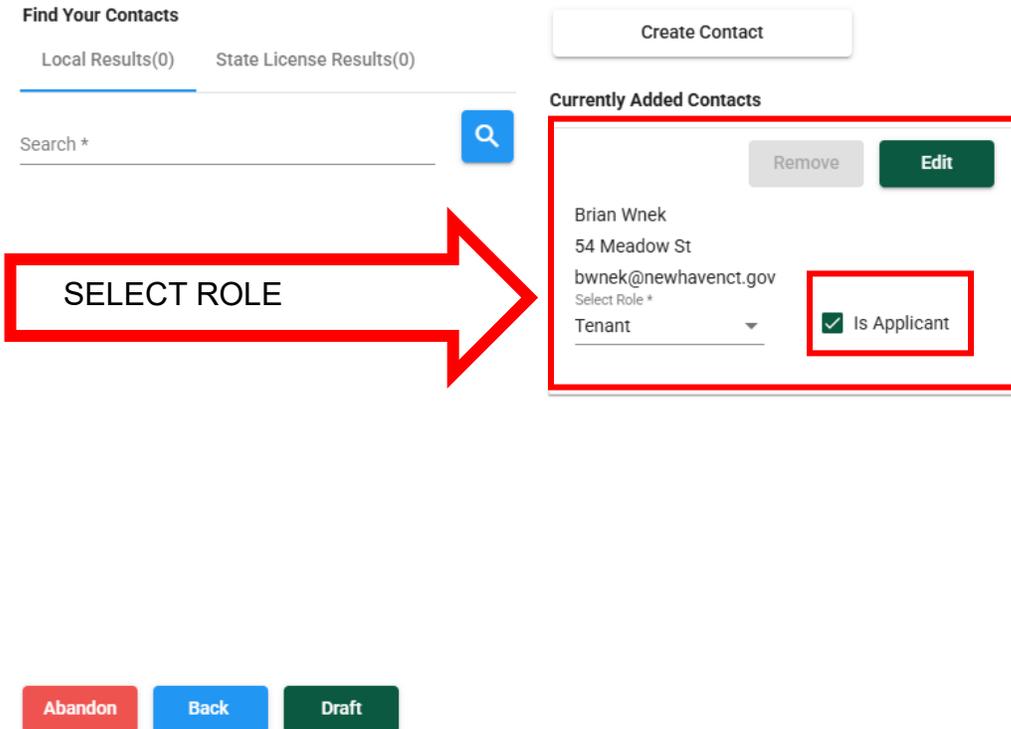
Remove Edit

Brian Wnek
54 Meadow St
bwnek@newhavenct.gov
Select Role *
Tenant

Is Applicant

Abandon Back Draft

Next



A. If you see your contact information under **CURRENTLY ADDED CONTACTS**:

- Under **SELECT ROLE**, choose **LICENSEE**
- Check the box next to **IS APPLICANT**.
- THEN PRESS **NEXT**

10a. If you DO NOT see your name under CURRENTLY ADDED CONTACTS, select CREATE CONTACT

You will then see the following:

Please select or add an authorized owner/manager for your establishment.

In order to apply Online with the City of New Haven, you must first fill in information below that is indicated as required(*).

Create Contact/Company	
Business/Company Name	Role *
First Name *	Last Name *
Middle Name	Suffix
Phone *	Email *
Address *	City *
State *	Zip *
License & Workman's Comp	
Bond Expiration Date	License Number

A. Fill out **ALL** the fields under **CREATE CONTACT/COMPANY**. Under **ROLE**, select **LICENSEE**.

B. You **DO NOT** have to provide information regarding **LICENSE & WORKMAN'S COMP**, but the fields have to be filled out; otherwise, you cannot move forward with the application process.

C. Once all the fields have been completed, press **ADD**.

You will then see the following:

Please select or add an authorized owner/manager for your establishment.

Find Your Contacts

Local Results(0) State License Results(0)

Search *

Create Contact

Currently Added Contacts

Remove Edit

Brian Wnek
54 Meadow St
bwnek@newhavenct.gov
Select Role *
Tenant

Is Applicant

SELECT ROLE

Abandon Back Draft Next

A. Under **SELECT ROLE**, choose **LICENSEE**.

- Check the box next to **IS APPLICANT**.

B. PRESS **NEXT**.

11. LIST OF SERVICES AND STANDARD HOURS OF OPERATION

List of Services	Services Offered Contd
Barbering * ▼	Tattoo * ▼
Hairdressing * ▼	Body Piercing * ▼
Manicures * ▼	Cosmetic Skin Care Treatment * ▼
Pedicures * ▼	Other Services Offered
Massage * ▼	

Standard Hours of Operation
Mon - Opening to Closing Times *
Tues - Opening to Closing Times *
Wed - Opening to Closing Times *
Thurs - Opening to Closing Times *
Fri - Opening to Closing Times *
Sat - Opening to Closing Times *
Sun - Opening to Closing Times *
Seasonal Hours if any

A. List of Services

- a. **For each service category, select YES or NO based on whether you provide these services at your establishment:**

B. Standard Hours of Operation

- a. Input the times your establishment opens and closes

12. **UPLOAD DOCUMENTS**

Please Upload Copies of the Documents Listed Below

Allowed file types: DOC, DOCX, GIF, JPG, JPEG, PDF, PNG, DXF, CSV, XLS, XLSX, XLSM, XLSB

Drag and Drop or click here to upload

No Documents to Display

Select a file from the list to associate the Document with the corresponding DocumentType:

1. A photocopy of a current license issued by the State of Connecticut Department of Public Health for each technician *
2. A photocopy of each technician(s) current Connecticut drivers license, or a valid drivers license from another state, or a government-issued photo ID *
3. A diagram of your establishment showing the location of all equipment, including handwashing sinks and utility sinks. *
4. Written approval from the local Zoning Enforcement Officer that the establishment is permissible under local Zoning code (Tattoo/Body Piercing Shops only)

A. DRAG AND DROP OR CLICK TO UPLOAD. The following documents must be uploaded FIRST:

1. **Current license issued by the State of Connecticut Department of Public Health for each technician.**
2. **A copy of each technicians current Connecticut driver's license, or a valid driver's license from another state, or a government-issued photo ID**
3. **A diagram of your establishment shows all equipment's location, including handwashing sinks and utility sinks.**
4. **Written approval from the local Zoning Enforcement Officer that the establishment is permissible under local Zoning code (Tattoo/Body Piercing Shops only).**

B. Click on the line next to each category to choose the correct file for that category.

NOTE: Make sure to click on the drop-down arrow to choose the file.

It should look like this:

Please Upload Copies of the Documents Listed Below

Allowed file types: DOC, DOCX, GIF, JPG, JPEG, PDF, PNG, DXF, CSV, XLS, XLSX, XLSM, XLSB

Drag and Drop or click here to upload

 Current License File.docx	 Technicians DL.docx	 Diagram.docx	 Zoning Letter.docx
--	--	---	---

Select a file from the list to associate the Document with the corresponding DocumentType:

- | | |
|--|---------------------------|
| 1. A photocopy of a current license issued by the State of Connecticut Department of Public Health for each technician * | Current License File.docx |
| 2. A photocopy of each technician(s) current Connecticut drivers license, or a valid drivers license from another state, or a government-issued photo ID * | Technicians DL.docx |

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C. Press **NEXT**

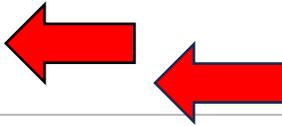
13. **ELECTRONIC SIGNATURE**

Type your name **EXACTLY** how it appears.

It is agreed that this operation will, at all times, be conducted in full compliance with the Ordinances and Regulations governing Salons and Tattoo/Body Piercing establishments in the City of New Haven, the Statutes of the State of Connecticut, and any orders issued by the Director of Health or their duly authorized representative concerning matters of public health.

Please enter the following name **Brian Wnek**:

Enter the name exactly as it appears above



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Next

14. APPLICATION FOR SALON AND TATTOO/BODY PIERCING ESTABLISHMENT

HealthBodyCareFacilityApplication004-22-25 125137

Edit a Copy Accessibility Mode

CITY OF NEW HAVEN
Health Department

 **NHVHEALTH**
DEPARTMENT PROMOTE PREVENT PROTECT

54 Meadow Street, 9th Floor • New Haven, Connecticut 06519 • 203-946-6999

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

APPLICATION FOR SALON AND TATTOO/BODY PIERCING ESTABLISHMENT

New License License Renewal Change of Ownership Plan Review Temporary

HD-25-00014

NAME OF BUSINESS: New Haven Health Department
STREET ADDRESS: 424 Chapel St
TOWN: New Haven STATE: CT ZIP CODE: 06511
ESTABLISHMENT PHONE # (203)946-6760
EMAIL ADDRESS (203)946-6760

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Next

- A. This is a **PRINTOUT** of your application based on the information you entered.
- B. You can **DOWNLOAD** a copy of this for your records if you choose
- C. Press **NEXT**

15. FEE

Fee processing. A convenience fee will be charged to your account by the credit card service provider. The convenience fee is a small percentage of the total payment which is NOT refundable. You will be informed of the amount and you may elect to cancel the transaction before the fee is processed.

Fees

Fee type	Comments	Amount
Health - Body Care License Annual Fee		\$150.00
Health - Body Care License Inspection Fee		\$250.00

Total: **\$400.00**

Credit Card Electronic Check

AMERICAN EXPRESS DISCOVER MasterCard VISA

Card number *

Month * Year * CVV * EQ

*Last 3 digits on the back of your credit card (4 digits on the front, above your credit card number for American Express)

Billing Name *

.....

Calculate Convenience Fee

[Pay Now](#) [Pay in office](#) [Add to Cart](#)

[Abandon](#) [Draft](#) [Back](#)

[Next](#)

- A. **This is your annual license fee.**
 - a. **If this is your first year of operation a \$100.00 application fee will be added to your application when a sanitarian reviews it.**
- B. **Fill out credit card information.**
- C. **Click CALCULATE CONVENIENCE FEE.**
- D. **Click NEXT.**

IF YOU DECIDE YOU WOULD LIKE TO “PAY IN THE OFFICE” PLEASE FIND INSTRUCTIONS ON THE NEXT PAGE

PAY IN-OFFICE OPTION

Fee processing. A convenience fee will be charged to your account by the credit card service provider. The convenience fee is a small percentage of the total payment which is NOT refundable. You will be informed of the amount and you may elect to cancel the transaction before the fee is processed.

Fees

Fee type	Comments	Amount
Health - Body Care License Annual Fee		\$150.00
Health - Body Care License Inspection Fee		\$250.00

Total: **\$400.00**

Credit Card Electronic Check


Card number *
Month * Year * CVV *
*Last 3 digits on the back of your credit card (4 digits on the front, above your credit card number for American Express)
Billing Name *

- Click the **PAY IN OFFICE** box
- Click **NEXT**.

NOTE: When choosing PAY IN OFFICE:

- **MONEY ORDERS and CERTIFIED BANK CHECKS ONLY.**
- **PERSONAL CHECKS OR CASH WILL NOT BE ACCEPTED.**
- **LICENSE(S) WILL NOT BE REVIEWED UNTIL PAYMENT(S) ARE RECEIVED.**

Payments can be made through the following:

1. **Drop off:** New Haven Health Department- Environmental Health Program, 424 Chapel St., New Haven, CT 06511.

16. **SUBMIT LICENSE**

Be sure to press **SUBMIT**.

IF YOU DO NOT PRESS THE SUBMIT BUTTON, YOUR APPLICATION WILL BE ABANDONED, AND YOU WILL BE REQUIRED TO COMPLETE THE ENTIRE APPLICATION AGAIN.

Submit License

Your License is ready to be submitted. Please review the information below:

Notify Me about changes to My License via email.

Important data	▼
Contacts that are involved	▼
Fees	▼
Documents submitted	▼

[Abandon](#) [Back](#) [Draft](#)

[Submit](#)

17. **CONFIRMATION NUMBER**

- Once your payment has been processed, you will receive a confirmation number.
- Click **OK**.

YOUR APPLICATION HAS BEEN SUBMITTED!

Submit License

Confirmation Number: 5409065

