

**MISSISSIPPI STATE BOARD OF COSMETOLOGY**

P. O. BOX 55689

JACKSON, MS 39296-5689

601-359-1820

FAX: 601-354-6639

**APPLICATION FOR DEMONSTRATOR'S PERMIT**

I hereby make application for a Demonstrator's Permit, to act in the capacity of a demonstrator only.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I will be demonstrating \_\_\_\_\_,

for \_\_\_\_\_

\_\_\_\_\_ (Company.)

**A \$10.00 (ten dollar) fee must accompany this application.** Remittance may be made with personal check, cashier's check, or money order. ***No Refunds.***

The Board of Cosmetology Reserves the right to require further information on an application at any time.

**FOR OFFICE USE ONLY**

**Approved by:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Amount Received:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Permit Number** \_\_\_\_\_