

Mississippi State Board of Cosmetology
P.O. Box 55689
Jackson, MS 39296-5689
Phone: (601) 359-1820 www.msbc.state.ms.us Fax: (601)354-6639

Salon Application Instructions
PLEASE READ BEFORE COMPLETING APPLICATION

Proposed salon owner must submit a salon application for licensure to operate a salon. **An incomplete application will not be processed.**

The following information is required on the application:

- a. The name of the proposed salon.
- b. The address, location and phone number of the proposed salon.
- c. The names and addresses of the proposed owners. If a partnership or corporation, the name and addresses of all principals must be provided.
- d. Owner's Social Security Number
- e. If the proposed owner is not a licensed practitioner, the name and registration number of an individual licensed by this board must be provided as manager.
- f. Any applicant for a salon license desiring to limit the practice to manicuring or esthetics or wigology must so state on the application. Any license issued to the establishment, authorizes only the practice, as applied for.

In addition to the above, the following information must be submitted with the application:

- a. Required fee \$85.00
- b. A list of minimum equipment the salon proposes to have on hand.
- c. Two (2) Passport Photographs

After receipt of the application and verification of the data, a board inspector will contact the proposed owner to schedule an inspection appointment. NO TEMPORARY VERBAL PERMISSION TO OPEN WILL BE GRANTED.

The salon application will be cancelled and the fee will be forfeited under the following circumstances:

- a. An inspection appointment is postponed by the proposed salon owner beyond 90 days after receipt.
- b. The proposed salon owner(s) is a no-show for the inspection appointment and fails to send a representative.

During the inspection appointment, the board agent will conduct an inspection of the premises to determine if all requirements, as indicated in the law, including minimum equipment requirements, have been strictly adhered to by the owner(s) of the proposed salon. If the requirements are not met, and the inspector cannot approve the salon, there will be an additional fee for each inspection made before licensing the salon.

THE SALON MAY NOT BEGIN OPERATION UNTIL INSPECTION HAS BEEN CONDUCTED AND SALON APPROVAL IS GRANTED.

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New Add On

SALON APPLICATION

Office space only:

Date Received _____

Amount _____

Registration No. _____

Date Submitted to Inspector _____

Type of Services:(Please check all that apply)

Cosmetology Full Service (Hair, Esthetics and Manicuring/Pedicuring)

Cosmetology with Limited Service (must include hair service)

___ hair ___ esthetics (face only)

___ manicuring/pedicuring

Manicuring

Esthetics

Date _____

County of Salon Location _____

Please Print.

Note: An Incomplete Application Will Not Be Processed

Salon Name _____

Salon Address _____

Street

City

Zip

Salon Phone (_____) _____ Alternate Phone (_____) _____

Salon Owner _____

Owner's Home Address _____

Street

City

Zip

Owner's Social Security Number _____ Is owner a Licensed Practitioner? Yes No

If Yes, Registration Number _____ Expiration Date _____

If No, Provide information regarding Licensed Salon Manager:

Salon Manager _____

Registration Number _____ Expiration Date _____

Additional Owners, Partnerships or Corporation must provide Name and Address for each principal.

(Use Additional Sheets If Necessary)

Is this an established salon, changing locations? Yes No

If yes, please indicate prior Registration Number _____ Expiration Date _____

Is this an established salon, changing ownership? Yes No

If yes, please indicate previous owner's name and include proof of ownership change.

Previous Owner's Name _____

Is this a dually licensed salon? Yes No If yes, please indicate type.

Barber Shop Registration Number _____

Cosmetology Salon Registration Number _____

Manicuring Salon Registration Number _____

Esthetics Salon Registration Number _____

Select Days Open: S M T W T F S

Hours Open: _____

Specific Directions to Salon:

The Board of Cosmetology reserves the right to require further evidence of information from the applicant regarding any information contained within this application.

I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Signature _____

Date _____

SALON APPLICATION: PROPOSED EQUIPMENT QUESTIONNAIRE AND LIST

APPLICANT NAME: _____

SALON NAME: _____

SALON ADDRESS: _____

SECTION B.

Is there an outside entrance directly into the salon? Yes No

Is there an outside sign? Yes No

Are sanitation rules posted? Yes No

Is salon well ventilated and properly lighted? Yes No

Are bathroom facilities inside the salon? Yes No

Is bathroom ventilated to the outside air? Yes No

Type of Ventilation: Fan Window Other _____

Are there hand washing facilities in or adjacent to the bathroom? Yes No

With lavatory? Yes No

Hot and cold water with pressure? Yes No

Soap? Yes No

Individual towels? Yes No

Is there hot and cold running water, with pressure, in all work rooms? Yes No

Are there adequate drinking water facilities (Individual cups, drinking fountains or bottle water)? Yes No

Are floors in ANY area where services are performed covered with a non-porous material, readily cleanable? Yes No
(NO CARPET IN WORK AREAS)

SECTION C.

Is this a home salon? Yes No If No, proceed to section D.

If Yes, complete the following questions.

Is salon completely separated from living quarters? Yes No

Are bathroom facilities completely separate from home facilities? Yes No

Have you obtained a letter of zoning verification or special exemption from your local zoning department? Yes No

NOTE: In order for approval to be granted, a home salon must obtain the zoning verification or explain why it is not necessary.

SECTION D. LIST OF PROPOSED EQUIPMENT: SPECIFY THE QUANTITY OF EACH OF THE FOLLOWING ITEMS FOR THE TYPE OF SERVICES YOU PROPOSE TO PROVIDE.

COSMETOLOGY SERVICES:

ITEM	HOW MANY?	ITEM	HOW MANY?
Cosmetologist to be employed		Work Station/Mirror	
Covered soiled towel container		Hair Dryer	
Closed clean towel cabinet		Shampoo Bowl/Chair	
Wet Sanitizer		Combs Brushes	_____
Dry Sanitizer		Covered Trash Cans	

MANICURING SERVICES:

ITEM	HOW MANY?	ITEM	HOW MANY?
Manicurist to be employed		Manicure Table/Lamp	
Wet Sanitizer		Patron Chair	
Dry Sanitizer		Manicure Stool	
Covered Trash Can		Finger Bowl	
Closed Supply Cabinet		Pedicure Spa	
Covered container for clean towels		Covered container for soiled towels	

Will electric nail files be used in manicuring services? Yes No

If Yes, do all practitioners have electric nail file certification of training? Yes No

ESTHETICS SERVICES:

ITEM	HOW MANY?	ITEM	HOW MANY?
Esthetician to be employed		Treatment Areas (closed to insure client privacy)	
Treatment Bed, Table or Chair		Covered soiled linen container	
Operator Stool		Closed clean linen cabinet	
Closed Supply Cabinet		Lavatories (one per treatment area)	
Wet Sanitizer		Freestanding magnifying light	
Dry Sanitizer		Woods Lamp	
Wax Pot		Covered Trash Can	

INSPECTOR USE ONLY	Application Received _____
Appointment Date/Time _____	Approved/Denied _____
Re-Inspection Required _____	Re-Inspection Appointment Date/Time _____