**MS STATE BOARD OF COSMETOLOGY**

**Post Office Box 55689**

**Jackson, MS 39296**

**(601) 359-1820**

**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.

**After receipt of the application and verification of the data, a board inspector will contact the proposed owner.**

**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 EITHER A VERBAL OPENING HAS BEEN GIVEN BY THE INSPECTOR OR AN INSPECTION HAS BEEN CONDUCTED AND SALON APPROVAL IS GRANTED.**

SALON APPLICATION

|  |  |
| --- | --- |
| New Salon |  |
| Add On |  |

|  |  |
| --- | --- |
| To Be Completed By State Board Office Only: |  |
| Date Received |  |
| Amount |  |
| Registration Number |  |
| Date Submitted to Inspector |  |
| Verbal Opening |  |
| Salon Initial Inspection Completed |  |

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| --- | --- |
| Type of Services: | |
|  | Cosmetology Full Service (Hair, Esthetics and Manicuring/Pedicuring |
|  | Cosmetology with Limited Service (Must include Hair Service) |
|  | Manicuring |
|  | Esthetics |

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| --- | --- |
| **PLEASE PRINT. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.** | |
| Salon Name |  |
| Salon Address |  |
| Salon County |  |
| Salon Phone |  |
| Alternate Phone |  |
| Salon Owner |  |
| Owner’s Home Address |  |
| Owner’s Social Security Number |  |
| Is Owner a Licensed Practitioner |  |
| If Yes, Registration Number |  |
| If Yes, Expiration Date |  |

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| --- | --- |
| If No, Provide Information Regarding Licensed Salon Manager: | |
| Salon Manager Name |  |
| Registration Number |  |
| Expiration Date |  |
| Additional Owners, Partnerships or Corporation must provide Name and Address for each principal.  (Use Additional Sheets If Necessary) | |

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| Is this an established salon, changing locations? |  |
| If Yes, Registration Number |  |
| If Yes, Expiration Date |  |
| Is this an established salon, changing ownership? |  |
| If Yes, Previous Owner’s Name |  |
| Attached Proof of Ownership Change |  |

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| --- | --- | --- | --- |
| Is this a dually licensed salon? If yes, indicate type. | | | |
|  | Barber | Shop Registration Number |  |
|  | Cosmetology | Salon Registration Number |  |
|  | Manicuring | Salon Registration Number |  |
|  | Esthetics | Salon Registration Number |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Select Days Open | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

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| --- | --- | --- | --- | --- | --- | --- |
| Select Hours Open | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

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| Specific Directions to Salon: |
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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.

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Signature Date

SALON APPLICATION

PROPOSED EQUIPMENT QUESTIONNAIRE AND LIST

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| --- | --- | --- | --- | --- | --- |
| SECTION B | | | | YES | NO |
| Is there an outside entrance directly into the salon? | | | |  |  |
| Is there an outside sign? | | | |  |  |
| Are sanitation rules posted? | | | |  |  |
| Is salon well ventilated and properly lighted? | | | |  |  |
| Are bathroom facilities inside the salon? | | | |  |  |
| Is the bathroom ventilated to the outside air? | | | |  |  |
| Type of Ventilation: | Fan | Window | Other |  | |
| Are there hand washing facilities in or adjacent to the bathroom? | | | |  |  |
| With lavatory? | | | |  |  |
| Hot and cold water with pressure? | | | |  |  |
| Soap? | | | |  |  |
| Individual towels? | | | |  |  |
| Is there hot and cold running water, with pressure, in all work rooms? | | | |  |  |
| Are there adequate drinking water facilities?  (Individual cups, drinking fountains or bottled water) | | | |  |  |
| Are floors in ANY area where services are performed covered with a non-porous material, readily cleanable?  (No carpet in work areas) | | | |  |  |

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| --- | --- | --- |
| SECTION C – HOME SALON | YES | NO |
| Is this a home salon?  If no, proceed to Section D. |  |  |
| Is salon completely separated from living quarters? |  |  |
| Are bathroom facilities completely separate from home facilities? |  |  |
| Have you obtained a letter of zoning verification or special exemption from your local zoning department? |  |  |
| NOTE: In order for approval to be granted, a home salon must obtain the zoning verification or explain why it is not necessary. | | |

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| SECTION D – LIST OF PROPOSED EQUIPMENT |

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| **COSMETOLOGY SERVICES: SPECIFY THE QUANTITY OF EACH ITEM** | | | |
| 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 |  |
| Dry Sanitizer |  | Brushes |  |
| Covered Trash Cans |  |  |  |

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| --- | --- | --- | --- | --- |
| **MANICURING SERVICES: SPECIFY THE QUANTITY OF EACH ITEM** | | | | |
| 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 |  | |
|  | | | YES | NO |
| Will electric nail files be used in Manicuring Services? | | |  |  |
| If yes, do all practitioners have electric nail file certification of training? | | |  |  |

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| **ESTHETICS SERVICES: SPECIFY THE QUANTITY OF EACH ITEM** | | | |
| ITEM | HOW MANY? | ITEM | HOW MANY? |
| Esthetician to be Employed |  | Closed Supply Cabinet |  |
| Treatment Bed, Table or Chair |  | Covered Soiled Linen Container |  |
| Operator Stool |  | Closed Clean Linen Cabinet |  |
| Treatment Areas  (Closed to insure client privacy) |  | Lavatories  (One per Treatment Area) |  |
| Wet Sanitizer |  | Freestanding Magnifying Light |  |
| Dry Sanitizer |  | Woods Lamp |  |
| Wax Pot |  | Covered Trash Can |  |

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