**MS STATE BOARD OF COSMETOLOGY**

**SCHOOL APPLICATION**

Mailing Address: Physical Address:

Post Office Box 55689 239 North Lamar Street, Suite 301

Jackson, MS 39296-5689 Jackson, MS 39201

Phone: 601-359-1820

Fax: 601-354-6639

|  |  |
| --- | --- |
| Name of Individual, Partnership, or Corporation Making Application: |  |
| Address: | Phone: |
| Ownership Structure of Proposed School: (select one) | Individual  | Partnership  | Corporation  |
| If Partnership, list all partners; If Corporation, list officers and titles: |
| Name | Title | Address |
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| If Application is for EXISTING school changing LOCATIONS, indicate: |
| Previous Address: | Registration Number: |

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| If Application is for EXISTING school changing OWNERSHIP, indicate:  |
| Previous Owner: | Previous School Name: | Previous Registration Number: |

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| Person to Contact Regarding Application: |
| Address: | Phone: |

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| Name of Proposed School: |
| Address of Proposed School |
| Proposed School is: Proprietary Vocational-Technical  |
| Type of School |
| Multiple Teaching Program***: (Select All That Are Applicable)*** |
| Cosmetology   | Manicuring | Esthetics  | Instructor Trng  |
| Single Teaching Program: ***(Select ONLY ONE)*** |
| Cosmetology ONLY | Manicuring ONLY | Esthetics ONLY | Instructor Trng ONLY |

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| Name of Individual Who Will Manage School: |
| Name: | Address: | Phone: |
| Is Individual Licensed in Mississippi? No  If yes, please provide Registration Number:  |
| When is School Planned to Begin Operation: |  |

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| **Instructional Staff / Class Schedule** |
| Name of Lead Instructor: |  |
| Registration Number | Expiration | Active |
|  |  |  |
| Provide Name and Licensing Information for All Persons Who Will Instruct in the Proposed School: |
| Name | Registration Number | Expiration | Active |
|  |  |  |  |

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| **Proposed Operating Schedule** |
| Day of Week | Day Classes | Night Classes |
| **PRACTICAL** | Time Schedule | Instructor | Time Schedule | Instructor |
| Begin | End | Begin | End |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| **THEORY** |  |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |

**DESCRIPTION OF BUILDING**

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| Building |
| Owned: |  |
| Leased: | Length of Lease: | Lessor: |
| Exterior Construction: | Interior Construction (Walls): |
| Clinic Floor Covering: | Classroom Floor Covering: |

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| Indicate the amount of space for each area, in square footage. Please note the minimum square foot for each schools is as follows. *Please add 25 square feet for each additional student.* |
| Cosmetology Schools | 2500 square feet, up to 40 students |
| Manicuring Schools | 1800 square feet, up to 28 students |
| Esthetics Schools | 1800 square feet, up to 28 students |
| Theory Classroom |  |
| Reception Area |  |
| Restroom 1 |  |
| Restroom 2 |  |
| Reference Library |  |
| Dispensary / Stock Room |  |
| Facial Area |  |
| Locker Area |  |
| **Total Square Feet:** |  |

**PROPOSED EQUIPMENT**

For each course which will be taught in the school, specify the quantity of the equipment and supplies which is proposed to be on hand:

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| **ALL SCHOOLS** |
| **Item** | **Quantity** | **Item** | **Quantity** |
| Wet Disinfectant Containers |  | Soiled Towel Receptacles |  |
| Dry Sanitizers |  | Large Covered Trash Can |  |
| Closed Cabinets for Clean Towels |  | First Aid Kit |  |
| Time Clock / Time Sheets |  | Resource Materials |  |

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| **COSMETOLOGY** |
| **Item** | **Quantity** | **Item** | **Quantity** |
| Work Stations |  | Thermal Comb / Stove |  |
| Mirrors |  | Thermal Curling Irons |  |
| Station Chairs |  | Thinning Shears |  |
| Shampoo Bowls/Chairs |  | Container for Sterile Solution / Manicure Table |  |
| Hair Dryers |  | Classroom Chairs |  |
| Facial Chairs |  | Esthetician Operator Stool |  |
| Manniquins |  | Magnifying Lamp |  |
| Cold Wave Equipment |  | Manicure Table / Stools |  |
| Thlogylocate |  | Sodium Hydroxide |  |
| Work Table |  |  |  |

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| **ETHETICS**  |
| **Item** | **Quantity** | **Item** | **Quantity** |
| Facial Treatment Chair or Treatment Table |  | Facial Vaporizer |  |
| Estheticians Stool |  | Pulverizer Spray (Mister) |  |
| Galvanic Current Apparatus or Faradic & Sinusoidal Apparatus |  | High Frequency Apparatus |  |
| Heating Mitts |  | Heating Mask |  |
| Ultraviolet Lamp |  | Infrared Lamp |  |
| Footed Magnifying Lamp (Loup) |  | Woods Lamp |  |
| Utility Tables or Continuous Counter |  | Electric Wax Heater |  |
| Cabinet for Record Cards |  | Table for Machines |  |
| Lavatory with Hot and Cold Running Water in Treatment Area |  |  |  |

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| **MANICURING** |
| **Item** | **Quantity** | **Item** | **Quantity** |
| Manicure Tables with Adjustable Lamps |  | Electric Nail Files |  |
| Client Chairs |  | Covered Container for Waste Materials |  |
| Operator Stools |  | Electric Oil / Lotion Warmer |  |
| Client Arm/Hand Rests (Sanitizable) |  | Cotton Containers |  |
| Finger Bowls |  | Disinfection Containers for Immersion of Manicure Implements During Procedures |  |
| Cosmetic Supply Trays |  | Hand Forms with Stand (Demo Purpose) |  |
| Basins for Pedicure Cleanser and Rinse Water |  |  |  |

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| Please List All Textbooks, Magazines and Workbooks to be used: |
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**Please review to Rule 5 regarding Schools prior to submission.**

**Rules and Regulations available online at** [**www.msbc.ms.gov**](http://www.msbc.ms.gov)

The following information or documentation must be submitted with the Application for Approval:

1. $300 Application Fee
2. Floor Plan showing measurements, placing of equipment, partitions, entrances and exits, and plumbing and ventilation.
3. Detailed financial statement which indicates individual, firm or corporate solvency. The financial statement must be signed by an authorized official, and notarized.
4. Copy of the contract to be used between school and the students.
5. Copy of any proposed school catalogs, brochures and advertisements, signed by an authorized official as being true and correct in content and policy.
6. Certificate or letter from city or state building inspector showing that the building which will be occupied by the school, meets the requirements of the city and state building and fire codes.
7. Personal Survey Form for each individual owner, partner or corporate officer.
8. Certification of Instructor employment for each instructor who will teach in the school.

**PLEASE NOTE**

**NO SCHOOL CAN BEGIN OPERATION WITHOUT**

**WRITTEN APPROVAL FROM THE**

**MS STATE BOARD OF COSMETOLOGY**

**AFFADAVIT OF APPLICANT**

**I do hereby certify that I am of good moral character and temperate habits. If granted a Certificate of Registration, I will obey, and/or cause to be obeyed, the Rules and Regulations adopted by the Mississippi State Board of Cosmetology and will provide a curriculum, teaching staff, and equipment and materials necessary to teach the practices of cosmetology and cognate subjects, in full compliance with the Cosmetology Law and its attendant Rules and Regulations.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant Signature**

**State of Mississippi**

**County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Before me, a Notary Public, in and for the County and State aforesaid, came \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (County), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State) who being duly sworn says that the statements contained in the above application are true.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Affiant**

**Subscribed and sworn to, before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Public**

**My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL SURVEY FORM**

**FOR PROSPECTIVE OWNERS OF PROPRIETARY COSMETOLOGY SCHOOLS**

**(Duplicate as needed, and complete one form for each owner, partner or corporate officer)**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Legal Residence:** |  |
| **Birthplace:** | **City** | **State** | **County** | **Date of Birth** |
| **Name of Proposed School:** |  |
| **Address of Proposed School:** |  |
| **Interest in Proposed School**  | **Partner** | **Corporate Officer****If Officer, State Position:** | **Sole Owner** |
| **Have you ever been convicted of a felony?**  | **No** |
| **If yes, please explain:** |
| **Are you addicted to the excessive use of Alcohol?** | **No** |
| **If yes, please explain:** |
| **Are you addicted to the excessive use of Drugs?** | **No** |
| **If yes, please explain:** |
| **Previous Address:** |  |
| **Are you licensed to practice within the field of Cosmetology?** | **No** |
| **If yes, please provide the following:** |
| **Type of License:** | **State:** |
| **Registration Number:** | **Expiration:** |
| **Basic Training acquired from School/City/State:** |
| **Instructor Training acquired from School/City/State:** |
| **Do you have experience teaching within the field of Cosmetology?** | **No** |
| **If yes, provide the name and address of each school and the dates of employment:** |
| **Have you ever owned a Cosmetology School?** | **No** |
| **If yes, state name and address of school(s) and dates owned:** |
| **Business or profession, if other than Cosmetology:** |  |

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| **Area you familiar with the Cosmetology Law (MS Code, 1972, Ann., amended §73-7-1 through §73-7-63) and the Rules and Regulations of the Mississippi State Board of Cosmetology governing sanitary conditions of Cosmetological establishments, schools of cosmetology and the practice of Cosmetology?** |
| **Yes** | **No** |

|  |
| --- |
| **List the names and addresses of two (2) persons, other than relatives, who have known you at least three (3) years:** |
| **Name** | **Address** |
|  |  |
|  |  |

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Applicant**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**

**Affidavit**

**State of Mississippi**

**County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Before me, a Notary Public, in and for the County and State aforesaid, came \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (County), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State) who being duly sworn says that the statements contained in the above application are true.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Affiant**

**Subscribed and sworn to, before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Public**

**My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CERTIFICATION OF INSTRUCTOR EMPLOYMENT**

**(Duplicate as needed, and complete one form for each instructor who will be teaching in the school)**

|  |  |
| --- | --- |
| **Name of School:** |  |
|  |
| **Employee Information** |
| **Full Name:** |  |
| **Instructor Registration Number:** |  |
| **License Expiration Date:** |  |
| **Social Security Number:** |  |
|  |  |
| **Position (Check all applicable)** |
| **Lead Instructor** | **Full Time Instructor** |
| **Part Time Instructor** | **Part Time Instructor** |
| **Substitute** | **Other (please explain:** |
|  |  |
| **Work Schedule** |
| **Monday** | **Hours** |
| **Tuesday** | **Hours** |
| **Wednesday** | **Hours** |
| **Thursday** | **Hours** |
| **Friday** | **Hours** |
| **Saturday** | **Hours** |
|  |  |
| **Date of Hire** |
|  |  |
| **Last Continuing Education Acquired** |
| **Location** | **Date** |

**We do hereby attest that this is a true and accurate statement of employment.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Owner Signature Date**

**Please affix school seal.**

**MS STATE BOARD OF COSMETOLOGY**

**SCHOOL APPLICATION PROCESSING**

|  |  |
| --- | --- |
| **Date Application Received:** |  |
| **Application Fee Amount Received:** |  |
| **Initial Inspection Date:** |  |
| **Board Agents:** |  |
|  |
| **Board Action:** |  |

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| --- | --- |
| **Final Inspection Date:** |  |
| **Board Agents** |  |
|  |
| **Board Action:** |  |

|  |  |
| --- | --- |
| **Registration Number:** |  |
| **Date License Mailed:** |  |