

*4/2/2021*

**MISSISSIPPI STATE BOARD OF COSMETOLOGY**

**DEMONSTRATOR’S PERMIT APPLICATION**

Post Office Box 55689, Jackson, MS 39296-5689

Phone: (601) 359-1820 | Email: info@msbc.state.ms.us

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

|  |  |
| --- | --- |
| **DEMONSTRATOR INFORMATION** | |
| Demonstrator’s Name |  |
| Address |  |
| City/State/Zip |  |
| Phone |  |
| Email Address |  |

Demonstration date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will be demonstrating (list methods & products):

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|  |

for (Company Name, Address, & Organizer Contact #)

|  |
| --- |
|  |
|  |

at (School, Business, or Location Name & Address)

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|  |
|  |

Expected number of individuals who will be attending the event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail the following to MSBC PO Box 55689, Jackson, MS 39296:

\_\_\_ Completed MSBC Demonstrator’s Permit Application Form

\_\_\_ $10 Demonstrator Permit Fee Payable to MSBC by check or money order (cash not accepted).

\_\_\_ A brief biography that outlines demonstrator credentials.

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Signature Date

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