



**APPLICATION FOR NEW SALON**

This application must be in the office at least two (2) weeks BEFORE the salon opens.

✓ Include a business check, cashier's check or money order (no cash accepted) in the amount of \$85.00

✓ Include a copy of each owner's social security card and current driver's license (front and back)

✓ Include a copy of the current business license from the city or county.

✓ Include the Bill of Sale or Lease Agreement if you are purchasing this salon from another individual

**SALON INFORMATION**

Name of Salon:

Mailing Address – Street or PO Box: City: County: Zip:

Physical Address (if different from above: Street City: County: Zip:

Phone Number: Email Address:

Services Offered:

Cosmetology  Esthetics  Manicuring / Pedicuring  All  Other:

Type of Business:

Individual  Partnership  Corporation IRS Tax ID #:

Salon Opening Date:

Salon Hours:

Check All Days Open:

Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Salon Located In:  Business District  Residential District (including home location)

Owner (Printed): Owner's Social Security Number: Owner's Signature:

Owner's Mailing Address- Street or PO Box: City: State: Zip:

Owner's Phone Number: Owner's Email Address:

Is the Salon Owner a MS licensee:  No  Cosmetologist  Manicurist  Esthetician License #i

Owner (Printed): Owner's Social Security Number: Owner's Signature:

Owner's Mailing Address- Street or PO Box: City: State: Zip:

Owner's Phone Number: Owner's Email Address:

Is the Salon Owner a MS licensee:  No  Cosmetologist  Manicurist  Esthetician License #i

Manager (Printed): Manager's Social Security Number: Manager's Signature:

Manager's Mailing Address- Street or PO Box: City: State: Zip:

Manager's Phone Number: Manager's Email Address:

If the Salon Owner(s) is not a licensed practitioner, then the Salon Manager must be licensed in MS. Identify the license type and enter the license number.  Cosmetologist  Manicurist  Esthetician License #i

Required Equipment for Salon

REQ = Equipment that is Required CK = Check [v] in the box the equipment that you have on-site (to be verified at inspection)	Cosmetology		Esthetics Only		Manicuring / Pedicuring Only		Verified by Inspector
	REQ	How Many	REQ	Ck	REQ	Ck	
Outside business sign which includes days and hours of operation	X		X		X		
Outside entrance (except salons in department stores or building with main entrance)	X		X		X		
One (1) dresser or work station with mirror for each cosmetologist	X						
One (1) shampoo bowl and chair	X						
Twelve (12) combs and twelve (12) brushes per cosmetologist	X						
Adequate closed cabinets of solid construction for clean towels	X				X		
Adequate covered towel containers for soiled towels	X				X		
One (1) wet sanitizer per practitioner and / or establishment	X						
One (1) dry sanitizer (any clean, closed container is considered adequate)	X						
Adequate number of covered trash cans of solid construction	X				X		
One (1) manicure table with lamp per manicurist	X				X		
One (1) patron chair and manicurist stool for manicurist	X				X		
One (1) wet sanitizer for clean manicuring implements (any clean, closed container is considered adequate)	X				X		
One (1) wet sanitizer (cotton and alcohol) per manicurist	X				X		
One (1) finger bowl per manicurist	X				X		
One (1) dry sanitizer for clean manicuring implements (any clean closed container is considered adequate)	X				X		
Closed cabinet of solid construction for manicuring/pedicuring supplies	X				X		
Sufficient supplies for giving complete manicuring/pedicuring services	X				X		
Treatment area(s) located so as to ensure the privacy of the esthetics client	X		X				
One (1) treatment bed, table or chair, and one (1) practitioner stool per esthetician	X		X				
One (1) sink within a reasonable distance for each esthetics treatment area	X		X				
One (1) covered container for soiled linens in each esthetics treatment area	X		X				
One (1) closed cabinet of solid construction for clean linens in each esthetics treatment area	X		X				
One (1) closed cabinet for esthetics supplies	X		X				
One (1) free standing magnifying light per two (2) estheticians	X		X				
One (1) Woods lamp per two (2) estheticians	X		X				
One (1) wet sanitizer per esthetic treatment area	X		X				
One (1) dry sanitizer per esthetic treatment area	X		X				
Covered trash can of solid construction for each esthetics treatment area	X		X				

Adequate supply of client drapes and linens (towels, sheets, pillow covers)	X		X				
Sufficient supplies for giving full salon services	X		X				
Sufficient suppose for giving complete esthetics services	X		X				
FOR HOME ESTABLISHMENTS ONLY (complete only if applicable)							
The wall between the salon and home must be of ceiling height	X		X		X		
If a door exists between the beauty salon and the remainder of the house, the door must be kept closed during business hours	X		X		X		
If a restroom is within a home salon, it shall be subject to inspection	X		X		X		
FOR NURSING HOME SALONS ONLY (complete only if applicable) A retirement home or community where the residents re not confined due to illness is not considered a nursing home. Any saloon operating as a part of the retirement home or community must be licensed by the Board							
Services are restricted to patients only and are not provided employees of the nursing home, nor family or friends of the patient.	X		X		X		

**NOTE: NO LICENSED ESTABLISHMENT MUST BE USED FOR LIVING PURPOSES OR OTHER RESIDENTIAL USE**

**CERTIFICATION [Add additional pages if more than one owner or manager]**

I agree to abide by the laws of the Mississippi State Board of Cosmetology. By my signature, I certify under penalty of prosecution that:

- a) I am either a citizen of the United States or legally present in the United States and authorized to work.
- b) I understand that providing false information on this application may result in revocation of the license and imposition of administrative penalties.
- c) I understand that the fee will be forfeited under the following circumstances:
  1. An inspection appointment is postponed by the proposed salon owner beyond 90 days after receipt; and
  2. The proposed salon owner(s) is a no-show for the inspection appointment and fails to send a representative.

Signature:

Date:

**FOR MS STATE BOARD OF COSMETOLOGY INSPECTOR USE ONLY**

Date Salon Application Received	
Date Scheduled Salon Inspection	
Date of Actual Inspection	
Inspection Results	<input type="radio"/> Passed <input type="radio"/> Failed, Reinspection Required. Salon shall submit a Re-Inspection Form and the \$35.00 required fee
Inspector Signature	