

MISSISSIPPI STATE BOARD OF COSMETOLOGY

SCHOOL APPLICATION

MAILING ADDRESS Post Office Box 55689 Jackson, MS 39296-5689 601-359-1820 601-354-6639 (Fax)	PHYSICAL ADDRESS 239 North Lamar Street, Suite 301 Jackson, MS 39201 601-359-1820 601-354-6639 (Fax)
Name of Proposed School	
Physical Address of Proposed School	
Mailing Address of Proposed School	
Owner Contact Name	
Owner Email Address	
Owner Phone Number	
Proposed School Is	Proprietary <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/>

Incomplete application will not be processed and the applicant will be notified by the Board with the cause of the non-processing.

SCHOOL APPLICATION PROCESSING FOR BOARD USE ONLY

Date Application Received	
Application Fee Amount Received	
Initial Inspection Date (may be waived at discretion of the Board)	<input type="radio"/> Waived
Board Agent Signature	
Team Member Signature	
Board Action	
Final Inspection Date	
Board Agent Signature	
Team Member Signature	
Board Action	
Registration Number	
Date License Mailed	

TYPE OF SCHOOL – Select All That Are Applicable			
Multiple Teaching Program: - select all that are applicable			
Cosmetology <input type="checkbox"/>	Manicuring <input type="checkbox"/>	Esthetics <input type="checkbox"/>	Instructor Trng <input type="checkbox"/>
Single Teaching Program: -select all that are applicable			
Cosmetology <input type="checkbox"/>	Manicuring <input type="checkbox"/>	Esthetics <input type="checkbox"/>	Instructor Trng <input type="checkbox"/>

Information Relative to the Individual Who Will Manage the School		
Name	Address	Phone
Email	Are You Licensed in Mississippi? <input type="checkbox"/> No <input type="checkbox"/> Yes, Registration #	
When is the School Planning to Begin Operation?		

Instructional Staff			
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

List All Textbooks, Magazines and Workbooks to be Used	

Proposed Operating Schedule								
Day of Week	Breaks	Lunch	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 THE BUILDING								
Building Owned By								
Building Leased From								
Exterior Construction				Interior Construction (Walls)				
Clinic Floor Covering				Adequate Ventilation <input type="radio"/> Yes <input type="radio"/> No Inspector Verified <input type="radio"/>				
Classroom Floor Covering				Adequate plumbing <input type="radio"/> Yes <input type="radio"/> No Inspector Verified <input type="radio"/>				
Adequate Lighting <input type="radio"/> Yes <input type="radio"/> No Inspector Verified <input type="radio"/>								
SQUARE FOOTAGE REQUIREMENTS								
Indicate the amount of space for each area, in square footage. Note the minimum square feet for each school is as follows. Add 25 square feet for each additional student								
Cosmetology School				2500 square feet, up to 40 student				
Manicuring School				1800 square feet, up to 28 students				
Esthetics School				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

ALL SCHOOLS

Item	# REQ	# Have	Insp √	Item	# REQ	# Have	Insp √
Wet Disinfectant Containers				Soiled Towel Receptacles			
Dry Sanitizers				Large Covered Trash Can			
Closed Cabinets for Clean Towels				First Aid Kit			
Time Clock / Time Sheets	1			Resource Materials			

Designated sign outside the school large enough to be visible Yes No Inspector Verified

COSMETOLOGY

Item	# REQ	# Have	Insp √	Item	# REQ	# Have	Insp √
Work station w chair & mirror; (may be elevated and lowered either mechanically or manually Attendance >30 senior students, 1 additional per student required	20			Thermal Comb / Stove	8		
				Thermal Curling Irons (1/2"max)	8		
				Thinning Shears (pair)	1		
Hair Dryers *	12			Classroom Chairs w/desk rest	20		
Facial Chairs w/footrest, headrest, mag lamp and stool	1			Esthetician Operator Stool			
Mannequins + 1 for each student	7			Magnifying Lamp			
Cold Wave Eqp: set of 4 dozen	10			Manicure Table / Stools	3		
Thlogylocate				Sodium Hydroxide			
Work Table for Jr. students				Shampoo Bowls */ Chairs	5		
Container for Sterile Solution / per Manicure Table	1			Cabinet or computer for client records	1		

• If # of students exceed 30; additional needs to be added a ratio of 1 to 5 students for avg daily attendance in excess of 20

ETHETICS

Item	# REQ	# Have	Insp √	Item	# REQ	# Have	Insp √
Estheticians Stool **	3			Facial Vaporizer **	3		
Pulverized Spray (Mister)	3			High Frequency Apparatus **	3		
Heating Mitts / paraffin wax w/mitts (pr)	3			Heating Mask or hot towels **	3		
Ultraviolet Lamp **	3			Infrared Lamp	3		
Footed Magnifying Lamp (LOUP) **	3			Woods Lamp	1		
Utility Tables** or Continuous Counter	3			Facial Treatment Chair / Table **	3		
Electric wax heater for removal of hair	1			Table for Machines (per machine)	1		
Cabinet or Computer for Record Cards	1			Lavatory w/hot and cold running water in or near treatment room	1		
Galvanic Current Apparatus or Faradic & Sinusoidal Apparatus	1						

****When average daily attendance exceeds 6 students, equipment must be added at the ration of one per every 2 student in avg daily attendance in excess of 3**

MANICURING

Item	# REQ	# Have	Insp v	Item	# REQ	# Have	Insp v
Covered Container for Waste Materials ***	10			Electric Nail Files ***	2		
Cosmetic Supply Trays for implements/product ***	10			Electric heaters w/disposable cups for heating oil/lotion	10		
Cotton Containers	10			Basins for Pedicure Cleanser ***	5		
Cushions for resting arm w/ washable slip or sanitized towel ***	10			Basins for Pedicure Rinse Water	5		
Disinfection Containers for Immersion of Manicure Implements During Procedures ***	10			Manicure Tables w/ Adjustable Lamps, client chair and operators stool or chair ***	10		
Hand Forms w/ Stand (Demo) ***	5			Finger bowl (plastic, china or glass) ***	10		

***** When the average daily attendance exceeds 10 students, additional manicure tables, lamps and stools must be added at a ration of one per ever one student in average daily attendance in excess of 10**

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

√	#	
	1	\$300 Application Fee Check/Money Order/Cashier's Check #: _____
	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. This financial statement must be signed by an authorized official and notarized
	4	Copy of the contract to be used between school and student
	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 Instruction employment for EACH instructor who will teach in the school
	9.	Most current fire inspection report from the City/County

AFFIDAVIT OF APPLICANT

I do certify that I am of good moral character. 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. I further understand that no school can begin operation without written approval from the Mississippi State Board of Cosmetology.

Signature _____ Date _____

STATE OF MISSISSIPPI

COUNTY OF _____

Before me, a Notary Public, in and for the County and State aforesaid, came _____

_____, a resident of _____ (City) _____

(State), _____ (State) who being duly sworn says that the statements contained in the above application are true and accurate to the best of their knowledge.

Signature of Affiant _____

Subscribed and sworn to, before me this the _____ day of _____, _____.

SEAL

Notary Public _____

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	Zip	Date of Birth
Name of Proposed School					
Address of Proposed School					
Interest in Proposed School	Partner	Corporation Officer / Position	Sole Owner		
Have you ever been convicted of a felony?	<input type="radio"/> NO <input type="radio"/> YES; Explain				
Are you addicted to the excessive use of alcohol?	<input type="radio"/> NO <input type="radio"/> YES; Explain				
Are you addicted to the excessive use of drugs?	<input type="radio"/> NO <input type="radio"/> YES; Explain				
Previous Address	City	State	County	Zip	
Are you licensed to practice Cosmetology?	<input type="radio"/> NO <input type="radio"/> YES; provide the following: Type of License _____ State _____ Registration # _____ Expiration _____ Basic Training acquired from School / City / State Instructor Training acquired from School / City / State				
Do you have experience teaching Cosmetology?	<input type="radio"/> NO <input type="radio"/> YES; provide name & address of each school and dates of employment				
Have you ever owned a cosmetology school?	<input type="radio"/> NO <input type="radio"/> YES; Explain				
Business or profession (if other than cosmetology)					
NAME AND ADDRESSES OF TWO (2) PERSONS, OTHER THAN RELATIVES WHO HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS					
Name	Address				

I acknowledge that the information above is true and accurate to the best of my knowledge. Further, I acknowledge that I am familiar with the Cosmetology Statutes (MS Code, Ann., amended; § 73-7-1 et seq and the Rules and Regulations of the Mississippi State Board of Cosmetology governing sanitary conditions of cosmetology establishments, schools of cosmetology and the practice of cosmetology. Further, I agree to comply with these Statutes and Rules and Regulations as set forth by the Board.

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) _____

(State), _____ (State) who being duly sworn says that the statements contained in the above application are true and accurate to the best of their knowledge.

Signature of Affiant _____

Subscribed and sworn to, before me this the _____ day of _____, _____.

SEAL

Notary Public _____