

MISSISSIPPI STATE BOARD OF COSMETOLOGY

APPLICATION FOR NEW SALON - **No verbal approvals will be provided**

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

NOTE: A SEPARATE APPLICATION MUST BE SUBMITTED IF YOU ARE OPERATING A MANICURING AND AN ESTHETIC SALON. EACH APPLICATION ALSO REQUIRES A \$85 APPLICATION FEE.

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: Days Open: Check All

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
 Registration #

IF ADDITIONAL OWNER, COMPLETE THE SECTION BELOW

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 Registration #

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 Registration #

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: _____

Meets requirements that all restrooms must have soap, towels and hot and cold running water. YES NO

Meets requirements that all work areas have hot and cold running water and no carpet or rugs. YES NO

Outside business sign which includes days and hours of operation. YES NO

Outside entrance (except salons in department stores or building with main entrance.) YES NO

Required Equipment for Salon MUST ENTER THE TOTAL NUMBER IN THE COLUMNS INDICATED OR THE APPLICATION WILL BE RETURNED INCOMPLETE – A V (CHECK MARK) IS NOT SUFFICIENT – MUST BE A NUMBER

REQ = Equipment that is Required	Full Service		Cosmetology Only		Esthetics Only		Manicuring / Pedicuring Only		Verified by Inspector
	REQ	How Many	REQ	How Many	REQ	How Many	REQ	How Many	
One (1) dresser or work station with mirror for each cosmetologist	X		X						
One (1) shampoo bowl and chair	X		X						
Twelve (12) combs per cosmetologist	X		X						
Twelve (12) brushes per cosmetologist	X		X						
Adequate closed cabinets of solid construction for clean towels	X		X		X		X		
Adequate covered containers for soiled towels	X		X		X		X		
One (1) wet sanitizer per practitioner and / or establishment	X		X		X		X		
One (1) dry sanitizer (any clean, closed container is considered adequate)	X		X		X		X		
Adequate number of covered trash cans of solid construction	X		X		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) finger bowl per manicurist	X						X		
Closed cabinet of solid construction for manicuring/pedicuring supplies	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) closed cabinet for esthetics supplies	X				X				

REQ = Equipment that is Required	Full Service		Cosmetology Only		Esthetics Only		Manicuring / Pedicuring Only		Verified by Inspector
	REQ	How Many	REQ	How Many	REQ	How Many	REQ	How Many	
One (1) free standing magnifying light per two (2) estheticians	X				X				
One (1) Woods lamp per two (2) estheticians	X				X				
Adequate supply of client drapes and linens (towels, sheets, pillow covers)	X		X		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		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		X		
If a restroom is within a home salon, it shall be subject to inspection	X		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		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

Passed Failed, Reinspection Required. Salon shall submit a Re-Inspection Form and the \$35.00 required fee

Inspector Signature