

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: <input type="radio"/> Cosmetology <input type="radio"/> Esthetics <input type="radio"/> Manicuring / Pedicuring <input type="radio"/> All <input type="radio"/> Other:				
Type of Business: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation IRS Tax ID #:				
Salon Opening Date:	Salon Hours:	Days Open: Check All <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri <input type="radio"/> Sat <input type="radio"/> Sun		
Salon Located In: <input type="radio"/> Business District <input type="radio"/> 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: <input type="radio"/> No <input type="radio"/> Cosmetologist <input type="radio"/> Manicurist <input type="radio"/> 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: <input type="radio"/> No <input type="radio"/> Cosmetologist <input type="radio"/> Manicurist <input type="radio"/> Esthetician Registration #				

PLEASE NOTE THAT MANICURING SALONS SHOULD ENSURE THAT SALON VENTILATION IS PROVIDED.

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									
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				
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		

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	
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:

- I am either a citizen of the United States or legally present in the United States and authorized to work.
- I understand that providing false information on this application may result in revocation of the license and imposition of administrative penalties.
- I understand that the fee will be forfeited under the following circumstances:
 - An inspection appointment is postponed by the proposed salon owner beyond 90 days after receipt; and
 - 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	