



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

SCHOOL APPLICATION

Instructions: This form must be completed and accompanied by the following attachments:

1. Surety bond in the amount of Fifty Thousand Dollars (\$50,000) in favor of the Board on the bond form completed by the insurance company or in lieu of the bond submit cash/certificate of deposit/government bonds in the amount of Fifty Thousand Dollars (\$50,000);
2. Completed Personal Survey Form, if applicable;
3. Proof of professional liability insurance policy covering all aspects of the facility, personnel, and/or students;
4. Proof of good standing filed with the Secretary of State;
5. Proof of current accreditation, if applicable;
6. Curriculum for the instruction of each profession regulated by the Board that will be taught by the school and complies with the rules and regulations of the Board;
7. Copy of the student contract;
8. Building permit;
9. Evidence of successful inspection by the county/city and fire department;
10. Floor plan, indicating measurements for each area and equipment layout;
11. List of all equipment, including amounts of same;
12. Copy of all brochures, catalogs, and advertisements; and
13. Non-refundable \$300.00 fee payable by check or money order.

Name of School:

Physical Address of School:

Mailing Address of School:

Phone Number of School:

Webpage of School:

MS Business Registration Number:

Is the School accredited? Yes No

If yes, list name of the accrediting body.

Owner Name: _____

Owner Address:

Owner Social Security Number: _____

Owner Phone Number: _____

Additional Owner Name: (please use additional pages if more than two owners)

Additional Owner Address:

Additional Owner Social Security Number:

Additional Owner Phone Number:

Name of School Contact/Manager: _____

School Contact/Manager Email Address: _____

School Contact/Manager Phone Number: _____

Program(s) to be licensed: (select all applicable)

Cosmetologist Barber Nail Technician Esthetician Instructor

Instructional Staff: Complete the information requested below for each program offered. You may use additional pages if necessary.

Program Type: _____

Lead Instructor Name: _____

Lead Instructor Registration Number: _____ **Expiration Date:** _____

Instructor Name: _____

Instructor Registration Number: _____ **Expiration Date:** _____

Instructor Name: _____

Instructor Registration Number: _____ **Expiration Date:** _____

Instructor Name: _____

Instructor Registration Number: _____ **Expiration Date:** _____

Program Type: _____

Lead Instructor Name: _____

Lead Instructor Registration Number: _____ **Expiration Date:** _____

Instructor Name: _____

Instructor Registration Number: _____ **Expiration Date:** _____

Instructor Name: _____

Instructor Registration Number: _____ **Expiration Date:** _____

Instructor Name: _____

Instructor Registration Number: _____ **Expiration Date:** _____

Textbook: Indicate, for each program offered, the textbook along with any written materials to be used.

Hours of Operation: Indicate, for each program offered, the hours the school will operate. You may use additional pages if necessary.

Program Offered

Daytime Nighttime

Day of Week	Class Start	Lunch Start	Lunch End	Class End
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Program Offered

Daytime Nighttime

Day of Week	Class Start	Lunch Start	Lunch End	Class End
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

School Holiday Schedule: If the school will be closed for a federal or state holiday, please list the holiday and the date the school will be closed.

Building Description: _____

Is the School connected to another business? Yes No

If yes, explain. _____

Name of Building Owner: _____

Floor Material: _____

Adequate Ventilation? Yes No

Theory Classroom Square Footage: _____

Required Areas:

Area	Yes	No
Reception		
Office		
Restroom(s)		
Reference Library		
Dispensary/Stock Room		
Locker Area		

Practical floor accommodates at least twenty (20) students Yes No.

The school properly displays the following:

Pass/Fail Ratio: Yes No

Type of School License: Yes No

“All services in this school are performed by students who are in training; all work must be inspected by a licensed instructor”: Yes No

Hours of Clinic Floor Operation: Yes No

Current license of all instructors: Yes No

Certificates of Proficiency as per Rule 11.18: Yes No

Describe the student uniform and student identification badge. You may attach a copy of the school policy and form badge, if desired.

Required Equipment:**All Professions:** (as further defined below)

1. All required signage
2. Adequate supplies/products for teaching skills
3. Adequate supply of disinfectant and safety equipment to comply with Board's sanitation rules
4. Wet disinfectant containers
5. Dry sanitizers
6. Closed cabinets/containers of solid construction for clean towels
7. Covered container for soiled towels
8. Large, covered trash cans of solid construction
9. An adequate supply of client drapes and linens (towels, sheets, and pillow covers)
10. First aid kit
11. Time clock
12. Classroom chairs and tables or desks
13. Cabinet for records

Cosmetology:

	MSBCB Required	School Contains
Workstation with chair and mirror no less than 24/30" (chair must elevate/lower either mechanically or manually)	20	
Shampoo bowls and chairs	5	
Dryers ("a chair or standing hair dryer with a hood, either stationary or portable")	6	
Hairdryer (gun style)	1	
Mannequin	12	
Cold wave equipment (sets for 12 dozen assorted rods)	10	
Thinning/blending shears, professional grade	1	
Shears, professional grade	1	
Feather razor and blades (box), professional grade	1	
Thermal Hair Straighter Comb Stove (if comb is not electric)	1	
Curling iron (assorted sizes no larger than 3/4)	10	
Rollers (assorted) and clips	10	
Brushes (assorted)	6	
Combs (assorted)	6	
Clippies (all purpose)	10 boxes	
Shampoo cape (all-purpose and styling)	2	
Tint brush, applicator bottle, and bowl	1	
Facial chair/all-purpose chair with headrest OR esthetics treatment table	2	
Facial vaporizer/steamer	2	
Paraffin warmer	1	
Disposal Bags	5	
Woods lamp	1	
Magnifying lamp (loupe)	2	
Electric wax heater for removal of hair	2	

Tweezers	1	
Mask brush	1 (2 oz.)	
Manicure table, client chair, operators stool/chair	3	
Small covered containers with foot pedal for waste at each manicure table	3	
Container for antiseptic solution	1 per nail technology table	
Cushion (8"x12") covered with a washable slip or sanitized towel - client arm rest	3	
Supply tray for holding implements/products	3	
Finger bowl (plastic/ceramic/glass) for holding warm water and cleanser	3	
Cotton containers	3	
Disinfection containers	3	
Basin for pedicure cleansing	3	
Basin for pedicure rinse water	3	
Metal pusher	1	
Orangewood stick	1	
File/emery board	1	
Cuticle nippers (or scissors)	1	
Nail brush	1	
Nail clippers	1	
Electric nail file (if device is taught)	1	

Barbering:

	MSBCB Required	School Contains
Workstation with 24x30 inch mirror and Hydraulic barber/ all-purpose with headrest	20	
Shampoo Bowl with chair	5	
Dryers (“a chair or standing hair dryer with a hood, either stationary or portable”)	6	
Work stand sterilizer/Barbicide jar	10 (1 per every 2 stations)	
Hot towel Warmer	2	
Mannequin	12	
Cold wave equipment (sets for 12 dozen assorted rods)	10	
Thinning/blending shears, professional grade	1 pair	
Clipper, professional grade	1	
Clipper brush	1	
Razor and 1 box of blades	1	
T-edge, professional grade	1	
Hair Dryer (gun type) 1600 watts	1	
Combs (assorted)	6	
Shears, professional grade	1 pair	
Regular hairbrushes (assorted)	6	
Tint brush, applicator bottle and bowl	1	
Clippies (all purpose)	10 boxes	
Rollers (assorted)	10 dozen	
Neck duster	1	
Shampoo cape (all purpose)	2	
Thermal Hair Straighter Comb Stove (if comb is not electric)	1	
Curling iron (assorted sizes no larger than ¾)	10	
Facial Steamer	2	

AFFIDAVIT OF APPLICANT

I certify, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

By signing this application, I certify that I understand the Statutes and rules and regulations that govern the MSBCB and agree to abide by same.

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

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

Notary Public

Date

My Commission Expires: _____

Personal Survey

Instructions: Complete this form if the school is privately owned.

Name:

Address:

Phone Number: _____

E-mail: _____

Date of Birth: _____

MSBCB Registration Number: _____

Are you licensed to practice any profession regulated by MSBCB in another state or US Territory? Yes No

If yes, please provide the jurisdiction, license number, and expiration date for each license. _____

Name of School:

Physical Address of School:

Mailing Address of School:

Describe Personal Interest in School:

Have you ever been convicted of a felony? Yes No
If yes, please explain.

Have you ever owned or currently own a school wherein any profession is taught?

Yes No

If yes, please list the school name and address.

For professional licenses held in any state or US Territory, has your license ever been the subject of a complaint?

Yes No

If yes, please explain. You may use additional pages if necessary.

For professional licenses held in any state or US Territory, have you ever been subject to discipline?

Yes No

If yes, please explain. You may use additional pages if necessary.

For professional licenses held in any state or US Territory, have you ever had a license revoked or suspended?

Yes No

If yes, please explain. You may use additional pages if necessary.

AFFIDAVIT OF APPLICANT

I certify, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

By signing this application, I certify that I understand the Statutes and rules and regulations that govern the MSBCB and agree to abide by same.

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

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

Notary Public

Date

My Commission Expires: _____