



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## ESTABLISHMENT APPLICATION

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

1. If owner is not a licensee, the owner must make a written statement naming a licensed manager of the establishment. The statement must be notarized and signed by both owner and manager named;
  2. Proof of good standing filed with the Secretary of State;
  3. Building permit;
  4. Evidence of successful inspection by the county/city and fire department;
  5. List of all equipment, including quantity of same;
  6. List of all licensed practitioners associated with the establishment; and
  7. Non-refundable \$85.00 fee payable by check or money order.
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**Name of Establishment:**

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**Physical Address of Establishment** (including suite number):

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**Mailing Address of Establishment:**

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**Phone Number of Establishment:** \_\_\_\_\_

**Webpage of Establishment:** \_\_\_\_\_

**MS Business Registration Number:** \_\_\_\_\_

**Requested Open Date:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Owner Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Owner Social Security Number:** \_\_\_\_\_

**Owner Phone Number:** \_\_\_\_\_

**Owner MSBCB Registration 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:** \_\_\_\_\_

**Additional Owner MSBCB Registration Number:** \_\_\_\_\_

**If Owner is not a MSBCB licensee, complete the following information for the manager:**

**Manager Name:** \_\_\_\_\_

**Manager Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Manager Social Security Number:** \_\_\_\_\_

**Manager Phone Number:** \_\_\_\_\_

**Manager MSBCB Registration Number:** \_\_\_\_\_

**License Requested:** (select all applicable)

- Cosmetology       Cosmetology + Wax       Barbering       Nail Technician
- Esthetics

**Hours of Operation:**

| Day of Week | Open | Close |
|-------------|------|-------|
| Monday      |      |       |
| Tuesday     |      |       |
| Wednesday   |      |       |
| Thursday    |      |       |
| Friday      |      |       |
| Saturday    |      |       |
| Sunday      |      |       |

**Is this establishment open by appointment only?**  Yes       No

**The establishment employs individuals not licensed by the MSBCB to perform the following:**

- Make-up     Threading     Applying or Removing Eyelashes     Other

If yes, please list name of the provider for each service.

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**Will the establishment offer services not regulated by the MSBCB (i.e. massage therapy, hair braiding as defined by MISS. CODE ANN. § 73-7-71, tattooing, piercing, tanning, etc.)?**

- Yes       No

If yes, please list all services, name of the provider, and license number of provider, if applicable.

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**Building Description:** \_\_\_\_\_

**Driving Directions to Establishments:** \_\_\_\_\_

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Is the establishment attached to a residence?  Yes  No

If yes, respond to the following. If no, leave the next four questions blank.

1. Does the establishment contain a wall between the establishment and residence that is complete from floor to ceiling?  Yes  No
2. Is there an outside entrance into the establishment?  Yes  No
3. Is the restroom located within the establishment?  Yes  No
4. Is all equipment required by Rule 10.7 located within the establishment?  
 Yes  No

Floor Material: \_\_\_\_\_

Adequate Ventilation?  Yes  No

**Required Equipment:**

All Establishments must contain:

|   | Establishment Contains |
|---|------------------------|
| Signage that includes the business name and hours of operation                            |                        |
| Closed cabinet(s) of solid construction for clean towels                                  |                        |
| Covered container(s) for soiled towels  |                        |
| Lidded trash can(s) of solid construction   |                        |
| An adequate supply of client drapes and linens (towels, sheets, and pillow covers)        |                        |
| Sufficient supplies for giving complete services according to the establishment's license |                        |

Cosmetology Establishments must contain:

|  | Required Amount   | Establishment Contains |
|--|---|------------------------|
| Dresser or workstation with chair and mirror | One (1) for each cosmetologist                          |                        |
| Adequate lighting for each working chair     |   |                        |
| Shampoo bowl and chair                       | One (1) per every three (3) cosmetologists              |                        |
| Dryer  | One (1)   |                        |
| Combs and brushes                            | Twelve (12) combs and six (6) brushes per cosmetologist |                        |

|                  |   |  |
|------------------|---|--|
| Wet sanitizer    | One (1) per cosmetologist/establishment |  |
| Soiled container | One (1) for each cosmetologist          |  |
| Dry sanitizer    | One (1) for each cosmetologist          |  |

**Cosmetology Establishment with Wax Service** must contain, in addition to all requirements for Cosmetology Establishment:

|  | Required Amount | Establishment Contains |
|--|-----------------|------------------------|
| Free standing magnifying lamp                          | One (1)         |                        |
| Lidded trash can with foot pedal of solid construction | One (1)         |                        |
| Dry sanitizer  | One (1)         |                        |
| Soiled container                                       | One (1)         |                        |

**Barbering Establishments** must contain:

|  | Required Amount                                  | Establishment Contains |
|--|--|------------------------|
| Dresser or workstation with mirror       | One (1) for each barber                          |                        |
| Mirror must be no less than 24x30 inches | One (1) per workstation                          |                        |
| Hydraulic barber/styling chair           | One (1) for each barber                          |                        |
| Adequate lighting for each working chair |  |                        |
| Shampoo bowl and chair                   | One (1) per every three (3) barbers              |                        |
| Combes and brushes                       | Twelve (12) combs and six (6) brushes per barber |                        |
| Wet sanitizer                            | One (1) for each barber/establishment            |                        |
| Soiled container                         | One (1) for each barber                          |                        |
| Dry sanitizer                            | One (1) for each barber                          |                        |

**Nail Technology Establishments** must contain:

|   | Required Amount                  | Establishment Contains |
|---|----------------------------------|------------------------|
| Manicure table with lamp  | One (1) per each nail technician |                        |
| Patron chair and manicure stool                                   | One (1) per each nail technician |                        |
| Wet sanitizer (cotton and alcohol)                                | One (1) per each nail technician |                        |
| Finger bowl   | One (1) per each nail technician |                        |
| Dry sanitizer (any clean, closed container) for clean implements  | One (1) per each nail technician |                        |
| Closed cabinet of solid construction for nail technology supplies | One (1)                          |                        |

**Esthetics Establishments** must maintain the following:

|  | Required Amount                              | Establishment Contains |
|--|--|------------------------|
| Treatment area(s) located so as to ensure the privacy of the esthetics client; |  |                        |
| Treatment table/chair/bed and one (1) practitioner stool                       | One (1) per each esthetician                 |                        |
| Sink   | One (1) within each esthetics treatment area |                        |
| Covered container for soiled linens  | One (1) within each esthetics treatment area |                        |
| Closed cabinet of solid construction for clean linens                          | One (1) within each esthetics treatment area |                        |
| Closed cabinet for esthetics supplies  | One (1)                                      |                        |
| Free standing magnifying lamp  | One (1) per each esthetician                 |                        |
| Woods lamp   | One (1) per every two (2) esthetician        |                        |
| Wet sanitizer  | One (1) within each esthetics treatment area |                        |
| Lidded trash can with foot pedal of solid construction                         | One (1) within each esthetics treatment area |                        |
| Dry sanitizer  | One (1) within each esthetics treatment area |                        |
| Soiled container   | One (1) within each esthetics treatment area |                        |

**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: \_\_\_\_\_