



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING
ESTABLISHMENT APPLICATION FOR REINSPECTION

Instructions: This form must be completed and accompanied by the non-refundable \$35.00 fee payable by check or money order. Return to MSBCB, PO Box 55689, Jackson, MS 39296-5689

Name of Establishment:

Physical Address of Establishment:

Mailing Address of Establishment:

Phone Number of Establishment: _____

Webpage of Establishment: _____

MS Business Registration Number: _____

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