



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

ESTABLISHMENT RENEWAL

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

1. Two (2) passport style color photographs of the owner or manager taken within the immediate year;
2. If owner is not a licensee, the owner must make a written statement naming a current licensed manager of the establishment. The statement must be notarized and signed by both owner and listed manager;
3. Proof of good standing filed with the Secretary of State, if applicable;
4. List of all licensed practitioners associated with the establishment; and
5. Non-refundable \$60.00 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: _____

MSBCB Registration Number: _____

MSBCB Registration Expiration Date: _____

Has there been any change in management, if the owner is not a licensee, to this establishment? ☐ Yes ☐ No

If yes, please disclose the name, address, social security number, phone number, and MSBCB registration number of the current manager. Use additional pages if necessary.

Has there been any change to the hours of operation: ☐ Yes ☐ No

If yes, disclose the hours of operation.

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

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.

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.

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