



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

SCHOOL RENEWAL

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. Proof of professional liability insurance policy covering all aspects of the facility, personnel, and/or students;
3. Proof of good standing filed with the Secretary of State, if applicable;
4. Proof of current accreditation, if applicable;
5. 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;
6. Copy of the student contract, if applicable;
7. Copy of all brochures, catalogs, and advertisements, if applicable; and
8. Non-refundable \$75.00 fee payable by check or money order.

Return to MSBCB, PO Box 55689, Jackson, MS 39296-5689

Name of School:

Physical Address of School:

Mailing Address of School:

Phone Number of School: _____

Webpage of School: _____

MS Business Registration Number: _____

School MSBCB License Number: _____

School MSBCB Expiration Date: _____

Program(s) offered: (select all applicable)

Cosmetologist Barber Nail Technician Esthetician Instructor

School pass/fail ratio is as follows: _____

Is the School accredited? Yes No

If yes, list name of the accrediting body.

Has there been any change in ownership to this school? Yes No

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

Has there been any change in school manager? Yes No

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

Name of School Contact/Manager: _____

School Contact/Manager Email Address: _____

School Contact/Manager Phone Number: _____

Has there been any change in instructional staff for any program offered?

Yes No

If yes, please complete the requested information below. Use additional pages if needed.

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:** _____

Has there been any change in textbook used by the school? Yes No

If yes, please disclose all currently used textbooks.

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

If yes, disclose, for each program offered, the hours of operation. 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.

Has there been any change to the student uniform or student identification badge?

Yes No

If yes, please describe the student uniform and student identification badge. Use additional pages if necessary.

Has there been any change in required equipment? Yes No

If yes, please identify all changes in required equipment. 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: _____