



# 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, if applicable;
3. Building permit (new construction), if applicable;
4. Evidence of successful inspection by the county/city and fire department, if applicable;
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.

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

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

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**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 (a chair or standing hair dryer with a hood, either stationary or portable)	One (1)	

Combes 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)	
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**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) located no more than fifteen (15) feet of 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: \_\_\_\_\_