



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## ESTABLISHMENT RENEWAL

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

1. Proof of good standing filed with the Secretary of State, if applicable;
2. List of all licensed practitioners associated with the establishment; and
3. Non-refundable \$60.00 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:**

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**Mailing Address of Establishment:**

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

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

**MS Business Registration Number:** (filed with the Sec. of State) \_\_\_\_\_

**MSBCB License Number:** \_\_\_\_\_

**MSBCB License Expiration Date:** \_\_\_\_\_

**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.

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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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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