



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

SCHOOL RENEWAL

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

1. \$50,000 Surety bond OR Documentation of immunity under the MS Tort Claims Act;
2. Proof of professional liability insurance policy;
3. Proof of good standing filed with the Secretary of State, if applicable;
4. Proof of current accreditation, if applicable;
5. Information on changes to curriculum taught at the school, if applicable;
6. Copy of the student contract, if any changes have been made;
7. Copy of all brochures, catalogs, and advertisements, if any changes have been made; 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.

For change in ownership, please produce the Agreement for Purchase and Sale of School, Assignment of Membership Interests in School, and/or Signed and Notarized letter by all owners disclosing the new ownership structure.

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 License Number: _____ **Expiration Date:** _____

Instructor Name: _____

Instructor License Number: _____ **Expiration Date:** _____

Instructor Name: _____

Instructor License Number: _____ **Expiration Date:** _____

Instructor Name: _____

Instructor License 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: _____

**Mississippi State Board of
Cosmetology and Barbering**
239 N. Lamar Street, Suite 301
Jackson, MS 39201

DATE RECEIVED _____
SCHOOL BOND #: _____
COR #: _____

This Bond should be accompanied by a certified copy of Certificate of Appointment to Resident Agent, Attorney-in-fact, or such other Resident Official of the Surety Company as has executed the bond.

KNOW ALL MEN BY THESE PRESENTS:

That I/We, as principal, _____ and _____
(School Name & Address) (Surety Name and Address)

a corporation qualified to do business in the STATE OF MISSISSIPPI, as surety, hereby acknowledge ourselves indebted to the MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING, in the penal sum of FIFTY THOUSAND DOLLARS (\$50,000), upon the following conditions, however, and no other viz: Said _____ on or about the _____ day of _____, 20____, filed in the Office for _____.

(School Name)

Mississippi State Board of Cosmetology and Barbering, the licensing authority for schools furnishing education in the areas of cosmetology, barbering, nail technology, esthetics, and the instructor training for the aforementioned professions within the STATE OF MISSISSIPPI, upon which the STATE OF MISSISSIPPI requests that

_____ furnish a surety bond in the amount as stated

(School's Name)

above and in accordance with the provisions of Mississippi Code Annotated section 73-7-16.

NOW, THEREFORE, this bond is executed upon condition that the facts set forth in the application of _____ for such License, and the Proof and Statements offered to

(School's Name)

the MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING upon which the application is based, are true and said _____ will comply with the provisions of Mississippi

Code Annotated section 73-7-16, in furnishing education in the areas of cosmetology, barbering, nail technology, esthetics, and the instructor training for the aforementioned professions within the STATE OF MISSISSIPPI; and conditioned to satisfy any and all judgments rendered by a Court of competent jurisdiction in favor of any person or persons who have suffered loss as a result of any fraud or misrepresentation used in behalf of the principal in procuring such person's enrollment in a course of instruction (including the repayment of tuition paid in advance by any student) or as the result of a breach of Contract of instruction by the principal and to reimburse the MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING for any actual administrative costs associated with an institution ceasing operations and/or any fines owed by the principal. This bond is to be and remain in full force and effect for the effective period of the Certificate of Registration to which it applies in accordance with the provisions herein set forth. The surety may terminate the bond upon giving sixty (60) days' written notice to the principal and the MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING.

Witness, the signature of said parties on this _____ day of _____, 20 ____.

Signature, Mississippi Resident Agent

Mississippi Resident Agent's Address

Signature, School Owner

Surety Name

Signature and Title, Surety Official
