



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## ESTABLISHMENT APPLICATION FOR REINSPECTION

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**Instructions:** This form must be completed and accompanied by the non-refundable \$35.00 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:** \_\_\_\_\_

**Establishment Email:** \_\_\_\_\_

**MS Business Registration Number:** \_\_\_\_\_

**Describe how you have corrected the issues found during the initial inspection that prevented this establishment from being approved:** \_\_\_\_\_

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**Required Equipment:** Please list the amount of each item.

**All Establishments** must contain:

**Cosmetology Establishments** must contain:

	Required Amount	Establishment Contains (Number)
Dresser or workstation with chair and mirror	One (1) for each cosmetologist	
Adequate lighting for each working chair		
Shampoo bowl and chair	One (1)	
Dryer (a chair or standing hair dryer with a hood, either stationary or portable)	One (1)	
Combs and brushes	Six (6) combs and three (3) brushes per cosmetologist	
Wet sanitizer	One (1) per cosmetologist/establishment	
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 (number)
Free standing magnifying lamp	One (1)	
Lidded trash can with foot pedal of solid construction	One (1)	
Dry sanitizer	One (1)	

**Barbering Establishments** must contain:

	Required Amount	Establishment Contains (Number)
Dresser or workstation with chair and mirror	One (1) for each barber	
Adequate lighting for each working chair		
Shampoo bowl and chair	One (1)	
Combs and brushes	Six (6) combs and three (3) brushes per barber	
Wet sanitizer	One (1) for each barber/establishment	
Dry sanitizer	One (1) for each barber	

**Nail Technology Establishments** must contain:

	Required Amount	Establishment Contains (number)
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)	

**Esthetics Establishments** must maintain the following:

	Required Amount	Establishment Contains (number)
Treatment area(s) located 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)	
Covered container(s) with ventilation 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	

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