



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

SCHOOL APPLICATION

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. Completed Personal Survey Form, if applicable;
3. Proof of professional liability insurance;
4. Proof of good standing filed with the Secretary of State, if applicable;
5. Proof of current accreditation, if applicable;
6. Post-secondary school affidavit, if applicable;
7. Curriculum for the instruction of each profession regulated by the Board that will be taught by the school;
8. Copy of the student contract;
9. Building permit (new construction), if applicable;
10. Evidence of successful inspection by the county/city, if applicable;
11. Evidence of successful inspection by the fire department, if applicable;
12. City privilege license, if applicable;
13. Floor plan, indicating measurements for each area and equipment layout;
14. List of all equipment, including amounts of same;
15. Copy of all brochures, catalogs, and advertisements; and
16. Non-refundable \$300.00 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: _____

Is the School accredited? ☐ Yes ☐ No

If yes, list name of the accrediting body. _____

Owner Name: _____

Owner Address: _____

Owner Social Security Number: _____

Owner Phone 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: _____

Name of School Contact/Manager: _____

School Contact/Manager Email Address: _____

School Contact/Manager Phone Number: _____

Program(s) to be licensed: (select all applicable)

☐ Cosmetologist ☐ Barber ☐ Nail Technician ☐ Esthetician ☐ Instructor

Instructional Staff: Complete the information requested below for each program offered. You may use additional pages if necessary.

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:** _____

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:** _____

Textbook: Indicate, for each program offered, the textbook, including edition number, along with any written materials to be used.

Hours of Operation: Indicate, for each program offered, the hours the school will operate. 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.

Building Description: _____

Is the School connected to another business? ☐ Yes ☐ No

If yes, explain. _____

Name of Building Owner: _____

Floor Material: _____

Adequate Ventilation? ☐ Yes ☐ No

Theory Classroom Square Footage: _____

Required Areas:

Area	Yes	No
Reception		
Office		
Restroom(s)		
Reference Library		
Dispensary/Stock Room		
Locker Area		

Practical floor accommodates at least ten (10) students ☐ Yes ☐ No.

The school properly displays the following:

Pass/Fail Ratio: ☐ Yes ☐ No

“All services in this school are performed by students who are in training; all work must be inspected by a licensed instructor”: ☐ Yes ☐ No ☐ N/A

Hours of Clinic Floor Operation: ☐ Yes ☐ No ☐ N/A

Describe the student uniform and student identification badge. You may attach a copy of the school policy and form badge, if desired.

All Professions: (as further defined below)

1. All required signage
2. Adequate supplies/products for teaching skills and client services on the clinic floor
3. Adequate supply of disinfectant and safety equipment to comply with Board's sanitation rules
4. Wet disinfectant containers
5. Dry sanitizers
6. Closed cabinets/containers of solid construction for clean linen
7. Covered container with ventilation for soiled linen
8. Large, covered trash cans of solid construction
9. An adequate supply of client drapes and linens (towels, sheets, and pillow covers)
10. First aid kit
11. Time clock
12. Classroom chairs and tables or desks
13. Cabinet for records

Cosmetology:

	MSBCB Required
Workstation with chair and mirror no less than 24/30" (chair must elevate/lower either mechanically or manually)	10
Shampoo bowls and chairs	3
Dryers (a portable or stationary hair dryer with or without a hood or a portable or stationary heating lamp)	2
Mannequin	6
Cold wave equipment (sets for 12 dozen assorted rods)	4
Thinning/blending shears, professional grade	1
Shears, professional grade	1
Feather razor and blades (box), professional grade	1
Thermal Hair Straightener Comb	1
Stove (if comb is not electric)	
Curling iron (assorted sizes no larger than 3/4)	5
Flat Iron	5
Hairdryer (handheld)	2
Rollers (assorted) and clips	5
Brushes (assorted)	6
Combs (assorted)	6
Tint brush, applicator bottle, and bowl	5
Clippies (all purpose)	5 boxes
Cape (all purpose and styling)	3
Facial chair/all-purpose chair with headrest OR esthetics treatment table	1
Facial vaporizer/steamer	1
Paraffin warmer	1
Woods lamp	1
Magnifying lamp (loupe)	1
Electric wax heater for removal of hair	1
Tweezers	1
Mask brush	1
Manicure table, client chair, operators stool/chair	2
Cushion (8"x12") covered with a washable slip or sanitized towel – for client arm rest (optional if not included with manicure table)	2
Small covered containers with foot pedal for waste at each manicure table	2

Container for antiseptic solution	1 per nail technology table
Supply tray for holding pedicure implements/products	2
Finger bowl (plastic/ceramic/glass) for holding warm water and cleanser	2
Paraffin wax bags	50 bags
Cotton containers	2
Disinfection containers	2
Basin for pedicure cleansing and rinse water: Pedicure Chair OR footsie basin	Pedicure Chair – 3 OR Fotsie Basin - 5
Metal pusher	1
Orangewood stick	1
File/emery board	1
Cuticle nippers	1
Nail brush	1
Nail clippers	1
Electric nail file	1

Barbering:

	MSBCB Required
Workstation with 24x30 inch mirror and Hydraulic barber/ all-purpose chair with headrest	10
Shampoo Bowl with chair (if workstation does not contain a shampoo bowl)	3
Dryers (a portable or stationary hair dryer with or without a hood or a portable or stationary heating lamp)	2
Barbicide jar at every other workstation if the workstation contains the shampoo bowl	5 (1 per every 2 stations)
Facial Steamer	1
Hot towel warmer	1
Mannequin	6
Cold wave equipment (sets for 12 dozen assorted rods)	4
Thinning/blending shears, professional grade	1 pair
Shears, professional grade	1 pair
Clipper, professional grade	1
Clipper brush	1
Razor and 1 box of blades	1
T-edge, professional grade	1
Thermal Hair Straighter Comb Stove (if comb is not electric)	1
Curling iron (assorted sizes no larger than $\frac{3}{4}$)	5
Flat iron	5
Hair Dryer (handheld)	1
Rollers (assorted)	5 dozen
Combs (assorted)	6
Regular hairbrushes (assorted)	6
Tint brush, applicator bottle and bowl	5
Clippies (all purpose)	5 boxes
Neck duster (synthetic)	1
Cape (all purpose)	3

Esthetics:

	MSBCB Req.
Treatment table	3
Sink with hot and cold running water near treatment area	1
Hot towel warmer	2
Paraffin wax warmer	1
Electric wax heater for removal of hair	4 – 2 for hard wax and 2 for soft wax
Utilities tables (3 shelf)	3 – 1 for each table
Facial vaporizer, mister/pulverizing spray, galvanic current apparatus or faradic and sinusoidal apparatus, high frequency apparatus, infrared lamp, magnifying lamp, and woods lamp*	3
Mannequin (esthetics)	2
Wedge sponges	5 packages
Applicator (lip, shadow, and mascara)	1 package each
Assorted make up brushes (synthetic)	1 package
Mask brushes (synthetic)	2
Tweezers	4 – 2 slant and 2 point
Pencil sharpener	1

*may be combined in a tower

Nail Technology:

	MSBCBC Required
Manicure table fitted with adjustable lamp, client chair, operators stool/chair	5
Cushion (8"x12") covered with a washable slip or sanitized towel -for client arm rest (optional if not included with manicure table)	5
Covered containers for waste	5
Supply tray for holding pedicure implements/products	5
Electric heaters with disposable cups (for oil/lotion)	2
Paraffin wax warmer	1
Disposal bags	1 box
Disinfection containers (manicure area, pedicure area, and clinic area)	3
Basin for pedicure cleansing and soaking	5
Basin for pedicure rinse water	5
Electric nail file	3
Hand form with stand	5
Nail brush	5
Nail tips (various sizes)	3 package (120 tips per package)
Finger bowl (plastic/ceramic/glass) for holding warm water and cleanser	10
Cotton containers	10
Dappen dish	30
Powder (clear, pink, and white)	2 each (12 oz each)
Monomer Jars	2 (7 oz)
Primer	2 bottles (1/2 oz each)
Forms	1 roll
Dauber	1 package (40 count)
Brush	10 sculpt 10 gel
Emery board (assorted)	1 package (50 count package)
Buffer disks (fine and medium)	5 each
Cuticle nipper	5
Metal pusher	5
Nail clippers	10 (5 toenail, 5 fingernail)
Tip cutters	4
Orangewood stick	1 package (120 count)
Nail base coat/topcoat	2 each
Cuticle oil	1 gallon
Nail glue	1 dozen

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: _____

Personal Survey

Instructions: Complete this form if the school is privately owned.

Name:

Address:

Phone Number: _____

E-mail: _____

Date of Birth: _____

MSBCB License Number: _____

Are you licensed to practice any profession regulated by MSBCB in another state or US Territory? ☐ Yes ☐ No

If yes, please provide the jurisdiction, license number, and expiration date for each license. _____

Name of School:

Physical Address of School:

Mailing Address of School:

Describe Personal Interest in School:

Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes, please explain.

Have you ever owned or currently own a school wherein any profession is taught?

☐ Yes ☐ No

If yes, please list the school name and address.

For professional licenses held in any state or US Territory, has your license ever been the subject of a complaint?

☐ Yes ☐ No

If yes, please explain. You may use additional pages if necessary.

For professional licenses held in any state or US Territory, have you ever been subject to discipline?

☐ Yes ☐ No

If yes, please explain. You may use additional pages if necessary.

For professional licenses held in any state or US Territory, have you ever had a license revoked or suspended?

☐ Yes ☐ No

If yes, please explain. You may 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

Post-Secondary School Affidavit

A post-secondary school is a school that admits as a student only individuals who exceed the age of compulsory school attendance and who have successfully completed high school, obtained a GED Certificate, or successfully completed a high school equivalency program credentialed as approved by the State Board of Education. A school with a designation of post-secondary shall maintain records demonstrating compliance with the aforementioned criteria for each student admitted and provide such records upon request.

I _____ certify, under penalty of perjury, that the school named _____ for which this affidavit is submitted will admit as a student only individuals who exceed the age of compulsory school attendance and who have successfully completed high school, obtained a GED Certificate, or successfully completed a high school equivalency program credentialed as approved by the State Board of Education.

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: _____