MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

ESTABLISHMENT APPLICATION

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. City privilege license, if applicable;
3. Building permit (new construction), if applicable;
4. Evidence of successful inspection by the county/city, if applicable;
5. Evidence of successful inspection by the fire department, if applicable;
6. List of all equipment, including quantity of same;
7. List of all licensed practitioners associated with the establishment; and
8. Non-refundable $85.00 fee payable by check or money order.

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

Name of Establishment:

_____

Physical Address of Establishment (including suite number):

_____

_____

Mailing Address of Establishment:

_____

_____

County: _____

Phone Number of Establishment: _____

Webpage of Establishment: _____

Establishment Email: _____

MS Business Registration Number: (filed with Sec. of State) _____

Requested Open Date: _____

Establishment is: ☐ **NEW** ☐ **RELOCATING** ☐ **CHANGING OWNER**

Owner Name: _____

Owner Address:

_____

_____

Owner Social Security Number: _____

Owner Phone Number: _____

Owner MSBCB License 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 License Number: _____

License Requested: (select all applicable)

☐ Cosmetology ☐ Cosmetology + Wax ☐ Barbering ☐ Nail Technology
☐ 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.

_____

_____

_____

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.

_____

_____

_____

Building Description: _____

_____

Driving Directions to Establishments: _____

_____

Is the establishment attached to a residence? ☐ Yes ☐ No

If yes, respond to the following. If no, leave the next three 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 all equipment required by the MSBCB located within the establishment?** ☐ Yes ☐ No

Floor Material: _____

Adequate Ventilation? ☐ Yes ☐ No

Required Equipment: Please list the amount of each item.

All Establishments must contain:

	Establishment Contains
Signage that includes the business name	
Closed cabinet(s) of solid construction for clean linens	
Covered container(s) with ventilation for soiled linens	
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	
Soiled container (Rule 11.6)	One (1) for each professional

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 portable or stationary hair dryer with or without a hood or a portable or stationary heating lamp)	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)
Magnifying device	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)	
Magnifying device	One (1) per each 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	

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: _____