



NEVADA STATE BOARD OF COSMETOLOGY

Las Vegas Office
8945 West Russell Road, Suite 100
Las Vegas, Nevada 89148
702.508.0015

Reno Office
740 Del Monte Lane, Suite 12
Reno, Nevada 89511
775.687.2010

www.nvcosmo.com

SALON APPLICATION

APPLICATION REQUIREMENTS

Complete this application Salon Floor Plan Pay \$215.00 for a 2 year license or Pay \$415.00 for a 4 year license

What's Next?

Once the application has been submitted, a staff member will contact you within 5 business days of receipt to review the salon checklist and schedule the salon's opening inspection. Please contact us at inspection@nvcosmo.com if you have not been contacted within 5 business days.

Important Information

A salon cannot operate until a salon license has been issued. SALON LICENSES ARE NOT TRANSFERABLE.
A New Salon Application must be submitted for any changes to the salon's ownership, services, location, or name.

PAYMENT INFORMATION

Cashier's Check Credit Card (listed below) Money Order

Card Type: Visa MasterCard American Express Discover

Name on Card

Billing Address City State Zip

Credit Card # (16 digits) Expiration Date CVW Code (on back)

APPLICATION IS FOR:

If the application is for a name, service, or location change please fill out the following information:

New Salon

Location Change

Salon Name Change

Change of Service (Add/Remove)

Ownership Change (Add/Remove)

New Mobile Salon

Previous Salon License #

Previous Salon Name

Is this Salon located in a: Commercial Building Hotel Residence List any other services to be offered

Salon services to be offered: Hair Braiding Esthetics Threading Services Hair Design Nail Technology Full Service

SALON INFORMATION

Planned Opening Date Nevada Business ID

Name of Salon Salon Phone

Physical Address Suite #

City State Zip Code

Mailing Address

City State Zip Code

Salon E-mail Address

SALON OWNERSHIP INFORMATION

Salon Ownership Type: Individual Corporation / LLC

Salon Owner's Name/Corporation's Name

CONTINUE ON BACK

CONTINUE ON BACK

CONTINUE ON BACK

OWNER/RESPONSIBLE INDIVIDUAL INFORMATION

Owner/Responsible Individual #1

Is individual Licensed? Yes No

If yes, License #

First Name

Middle Name

Last Name

Mailing Address

City

State

Zip Code

Cell/Alt. Phone #

Social Security #

Email Address

Owner/Responsible Individual #2

Is individual Licensed? Yes No

If yes, License #

First Name

Middle Name

Last Name

Mailing Address

City

State

Zip Code

Cell Phone #

Social Security #

Email Address

Owner/Responsible Individual #3

Is individual Licensed? Yes No

If yes, License #

First Name

Middle Name

Last Name

Mailing Address

City

State

Zip Code

Cell Phone #

Social Security #

Email Address

AFFIRMATION STATEMENT

I affirm that the information completed and submitted with this application is true and accurate. I also affirm that I have read and understood Nevada Revised Statutes (NRS) 644 and Nevada Administrative Code (NAC) 644 and that I will follow all laws and regulations detailed in NRS 644 and NAC 644.

Owner/Responsible Individual #1 Signature

Date

Owner/Responsible Individual #2 Signature

Date

Owner/Responsible Individual #3 Signature

Date

LICENSEES AT SALON

Please list all the individual license number(s) and licensee name(s) of each licensee that will perform cosmetology, hair, nail, and/or skin services in your salon. You must list the individuals below. If the section below is incomplete, the application cannot be processed.

INDIVIDUAL LICENSE #	INDIVIDUAL NAME	LICENSEE IN CHARGE
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

SALON FLOOR PLAN

Salon Name

NRS 644.340 and 644.345 require that you must provide a detailed floor plan. This floor plan must include any/all proposed businesses within the interior of the salon (i.e nail and hair stations, waxing room, entrance, exit, dispensary sink, shampoo bowl(s), restroom, break room).

Please draw floor plan below

EXAMPLE

