



NEVADA STATE BOARD OF COSMETOLOGY

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Las Vegas, Nevada 89148
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740 Del Monte Lane
Reno, Nevada 89511
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nvcosmo.com

NEW SCHOOL APPLICATION

Under the provisions of NRS 644 Section 380 through 415, this application is for a license to conduct and operate a new school.

APPLICATION REQUIREMENTS Complete this application Fire Marshal Statement Equipment Requirements by School Type
 Review NRS/NAC Regulations Financial Statements for Applicant Approved Floor Plan & Square Footage
 Pay registration fee \$800 for 2 year license OR \$1,600 for 4 year license Health Care Professional Affidavit***Adv. Esti only*

PAYMENT INFORMATION Cashier's Check Credit Card (enter info below) Money Order Business Check

Card Type: Visa MasterCard American Express Discover

Name on Card

Billing Address City State Zip Code

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

SCHOOL INFORMATION (select all that apply)

Services Taught: Cosmetology Nail Technology Esthetics Advanced Esthetics** Hair Design Instructor

How many students will be enrolled at the time of school opening?

Name of School Planned Opening Date

Physical Address Suite #

City State Zip Code

School Phone# School Email

SCHOOL OWNER INFORMATION **School Ownership Type:** Individual Corporation/LLC

Is School Owner a Licensee? Yes No Nevada SOS Business ID#

School Owner's LLC/Corporation

School Owner #1 First Name Middle Name Last Name

Full Mailing Address

School Owner #2 First Name Middle Name Last Name

Full Mailing 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.

School Owner Signature Date

School Owner Signature Date

INSTRUCTORS AT SCHOOL

Please list all the instructor license number(s) and licensee name(s) of each instructor that will be teaching in your school. You must list the instructors below. If the section below is incomplete, the application cannot be processed.

INSTRUCTOR LICENSE #	INDIVIDUAL NAME	INSTRUCTOR IN CHARGE
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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School Owner Signature

Date

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