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STATE OF NEVADA



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**DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF COSMETOLOGY**

NEW SCHOOL APPLICATION

Under the provisions of NRS 644 Section 700 through 755, this application for a license to conduct and operate a new school.

Application Requirements:		
<input type="checkbox"/> Complete this application	<input type="checkbox"/> Fire Marshal Statement *Document issued from the Fire Marshall showing approved occupancy and compliance with all applicable laws, regulations, and codes relating to protection from fire.	<input type="checkbox"/> Equipment Requirement by School Program *List of the school's actual equipment, Proof of purchase if applicable)
<input type="checkbox"/> Floor Plan & Square Footage * Must include: Square footage of the space utilized by the school, Location of entrances/exits, plumbing, offices, theory/classrooms, practical/clinic rooms, breakrooms, etc	<input type="checkbox"/> Copy of Student Contracts	<input type="checkbox"/> Copy of the proposed curriculum
<input type="checkbox"/> Financial Statement and Supporting Documents *Must Include the following: -Financial Statement Review or Audit endorsed by a CPA that includes full disclosures and is current within one (1) year from the date the application is received. Financial Statements must be accompanied by the following supporting documents: - The business plan for the proposed school includes a one-year projected income statement. If the proposed school operates another business, the business plan should include a clear statement of the funds allocated per business. - Bank statements from the last 2 months - Federal income tax returns for the previous year for business, or if new business, personal income tax returns - If funds are being obtained via a loan, provide loan documents from the loan provider - Bill of sale (if applicable) - Copy of the lease for the physical location of the school - Copies of documents related to the fiscal operations of the school (including, but not limited to, employment contracts for all staff, independent contractors, and/or outside service providers that are cosmetology-related to the business) - Copies of the government-issued IDs and SSN cards of all owners		<input type="checkbox"/> **Notarized Collaboration Agreement for Advanced Esthetic schools only
<input type="checkbox"/> Review NRS/NAC Regulations	<input type="checkbox"/> \$800 for 2 year license	

Reno: 740 Del Monte Lane, Suite 12, Reno, Nevada 89511 - Telephone (702) 508-0015

Las Vegas: 8945 W. Russell Road, Suite 200, Las Vegas, Nevada 89148 - Telephone (702) 508-0015
www.nvcosmo.com

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 Digit) _____ CVV Code: (on back) _____ Expiration Date: _____

School Information (Select all that apply)

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

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

Name of the 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 the School Owner a licensee? Yes No Nevada SOS Business ID #: _____

School Owners 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: _____

School Owner #3: 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.

The fees associated with this application are non-refundable, even if the application is rejected.

Pursuant to NRS 53.045, I declare under penalty of perjury that the foregoing, and any related or attached documentation are true and correct.

School Owner Signature: _____	Date: _____
School Owner Signature: _____	Date: _____
School Owner Signature: _____	Date: _____

Instructors at the 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
		<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:
School Owner Signature:	Date:
School Owner Signature:	Date: