



NEVADA STATE BOARD OF COSMETOLOGY

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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 List of Required Equipment (Inventory)
 Copy of Enrollment Contract Financial Statements for Applicant Required Square Footage & Floor Plan
Pay registration fee by cashier's check/money order/credit card: \$800 for 2 year license OR \$1,600 for 4 year license

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) Expiration Date CVW Code (on back)

SCHOOL INFORMATION (select all that apply)

Services Taught: Cosmetology Nail Technology Esthetics Hair Design Planned Opening Date

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

Name of School Nevada Business ID
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 If yes, License #

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
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No