



NEVADA STATE BOARD OF COSMETOLOGY

Las Vegas Office
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Las Vegas, Nevada 89148
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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 CWV 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: Full Service Hair Design Nail Technology Esthetics Hair Braiding

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), rest room, break room).

Please draw floor plan below

EXAMPLE

