

STATE OF NEVADA

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Executive Director

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

REQUEST TO SURRENDER ESTABLISHMENT LICENSE

To close your cosmetology establishment, the owner(s) must complete this form and return it to inspection@nvcosmo.com along with a copy of your government-issued ID and any other required documentation.

Date: _____

Establishment Name: _____

Establishment License Number: _____

Establishment Address: _____

City, State and Zip Code: _____

Contact Telephone and email address: _____

License Number(s): _____

Closure/Effective date: _____

Owner(s) name and signature: _____

Owner(s) name and signature: _____

Owner(s) name and signature: _____

**Citation fees are due within 30 days of receipt. If an establishment has outstanding fees owed to the Board, those fees must be paid upon the submission of a request to surrender the establishment license. Outstanding fees owed to after an establishment license is surrendered will be remitted to the State Controller's office for collection.