



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

SCHOOL LICENSE RENEWAL

This application is for a school license renewal. Renewals are to have the following documents in order to satisfy NAC 644A.605.

1. Copy of standard contract and rules.
2. A statement of any changes made throughout the year with respect to its contract or rules.
3. A copy of each financial form used by it with respect to tuition, grants, scholarships, or any other method of subsidizing tuition.
4. Copy of curriculum
5. Updated collaboration with a medical professional supervisor (if Applicable)
6. Completed renewal form.
7. Pay Application Fee *** **Please add a \$50 late fee per month starting the day after your expiration date.**

Completed renewals can be emailed to inspection@nvcosmo.com

<p>1. License Information:</p> <p>License #: _____</p> <p>NV SOS Business #: _____ (This number starts with NV)</p>	<p>2. Renewal Fee: Please add a \$50 per month late fee starting the day after your expiration date. Please select where you would like a 2-year or 4-year renewal.</p> <p><input type="checkbox"/> 2 Years (\$800.00) <input type="checkbox"/> 4 Years (\$16000.00)</p>	<p>3. Programs Taught:</p> <p><input type="checkbox"/> Cosmetology <input type="checkbox"/> Advanced Esthetics <input type="checkbox"/> Esthetics <input type="checkbox"/> Nail Technology <input type="checkbox"/> Hair Design <input type="checkbox"/> Instructor <input type="checkbox"/> Electrology</p>
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<p>4. School Information:</p> <p>School Name: _____</p> <p>Physical Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact email: _____</p> <p>Phone number: _____</p> <p>Has the school had a change in mailing address since the last renewal? <input type="checkbox"/> Yes, New address below <input type="checkbox"/> No, then skip</p> <p>Mailing address: _____</p> <p>City, State, Zip Code: _____</p> <p>Is your school accredited or receiving financial aid? <input type="checkbox"/> Yes, with who: _____ <input type="checkbox"/> No</p>	<p>School Ownership:</p> <p>Name of School Owner #1: _____</p> <p>Name of School Owner #2: _____</p> <p>Name of School Owner #3: _____</p> <p>Registrar Name: _____</p> <p>Registrar Email: _____</p> <p>Registrar Phone: _____</p>
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5. Payment Information:

<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Credit Card <small>(enter info below)</small>	<input type="checkbox"/> Money Order	<input type="checkbox"/> Business Check
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Name on Card:	_____		
Billing Address:	_____	City: _____ State: _____	Zip Code: _____
Credit Card # <small>(16 Digit)</small>	_____	CVV Code: <small>(on back)</small> _____	Expiration Date: _____

6. Instructors at the School

Please list all the instructor license number(s) and licensee name(s) of each instructor who 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

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: