

## **NEVADA STATE BOARD OF COSMETOLOGY**

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## THREADING ESTABLISHMENT REGISTRATION

Items required to complete this application:												-
Complete this form												
Submit \$25.00 by cashier's check/money order/credit card												
PAYMENT INFORMATION												
I am paying for this registration using a: Cashier's Check Credit Card (listed below) Money Order												
If paying by Credit Card, enter information below:												
Card Type: Ovisa MasterCard American Express Discover												
Name on Card												
Billing Address					City			State		Zip		
Credit Card # (16 digits)					Expiration	Expiration Date C				CVV Code(on back)		
THREADING ESTABLISHMENT INFORMATION												
Name of Business	ness						NV Business ID					
Owner/CEO First Name Owner/CEO Last Na						Name						
Physical Address	sical Address						Apt/Suite					
City		S	itate				Zip Code					
Mailing Address							Apt/Suite					
City	<del>-</del>	S	state				Zip Code					
Phone #		Email Add	Iress									
OPERATOR(s) INI	FORMATION		4 <del>5</del>									=
Please list the regi	istered threaders that a	re operatin	ng in the registe	ered es	tablishment	t.						
Registered Threader # (starts with TH-XXX) First Nam								Last Name				
							3					
APPLICANT SIGNATURE												
Signature		Print Name							Date			