



# NEVADA STATE BOARD OF COSMETOLOGY

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Reno, Nevada 89511  
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[nvcosmo.com](http://nvcosmo.com)

## 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  Equipment Requirements by School Type  
 Review NRS/NAC Regulations  Financial Statements for Applicant  Approved Floor Plan & Square Footage  
 Pay registration fee  \$800 for 2 year license OR \$1,600 for 4 year license  Health Care Professional Affidavit\*\**Adv. Esti only*

**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)  CVW Code (on back)  Expiration Date

**SCHOOL INFORMATION** (select all that apply)

**Services Taught:**  Cosmetology  Nail Technology  Esthetics  Advanced Esthetics\*\*  Hair Design  Instructor

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

Name of School  Planned Opening Date

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 Nevada SOS Business ID#

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

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School Owner Signature

Date

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Date