



MISSISSIPPI BOARD OF BARBER EXAMINERS

BARBER SCHOOL LICENSE APPLICATION

Type of Application	NEW		POSTSECONDARY SCHOOL OF BARBERING		
	RENEWAL (DUE BY JULY 1ST OF EACH YEAR		SCHOOL OF BARBERING		
	PURSUANT TO 73-5-35)				
Name of School (Proposed or Existing)					
Physical Address of School (Proposed or Existing)	Street	City	Street	Zip	County
Mailing Address of School (Proposed or Existing)	Street / P.O. Box	City	Street	Zip	County
Owner Contact Name					
Owner Social Security Number					
Owner Email Address					
Owner Phone Number					
School Website					
School Is? (Proposed or Existing)	Corporation	Proprietary	Under jurisdiction of the MS Institution of Higher Learning	Under jurisdiction of the MS Community College Board	
Date of Incorporation:			MS Secretary of State's Business Registration Number:		
Tax Exemption Number:			Date of Initial Filing with the MS Secretary of State's Office:		
If a new school making first time application with the Board, when is the School Planning to Begin Operation?					
Who Will at All Times Manage the School (Rule 1.3.C)					
Name			Address		
Email			License Number		Phone

ACCREDITATION AND TITLE IV FUNDING

Is this school accredited by a national accrediting body?	Yes	No
If Yes, provide name and attach latest letter of accreditation.		
Does this school offer Title IV funds to students?	Yes	No
Is this school operating on 100% self-pay for students?	Yes	No

Who Will Provide Direct Supervision to the Students

Name of Lead Instructor			
Registration Number	Expiration	Active	

Provide Name and Licensing Information for All Persons Who Will Instruct in the Proposed School (1 instructor required for every 25 students based on average daily attendance or portion thereof (Rule 1.3.D))

Name	Registration Number	Expiration	Active

List All Textbooks, Magazines, and Workbooks to be Used

Proposed Operating Schedule

Day of Week	Breaks	Lunch	Day Classes			Night Classes		
			Time Schedule		Instructor	Time Schedule		Instructor
PRACTICAL			Begin	End		Begin	End	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

Day of Week	Breaks	Lunch	Day Classes			Night Classes		
			Time Schedule		Instructor	Time Schedule		Instructor
THEORY			Begin	End		Begin	End	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

SCHOOL REQUIREMENTS No school inspection will be performed until which time the school has submitted this document indicating that they have answered in the affirmative to these questions. Should, after the inspection, the inspector indicates that the school was not ready for operation, an additional inspection fee of \$75.00 will be assessed prior to a follow-up inspection.	Yes √	No √	Inspector Verified √
How many barber chairs per shift (Rule 1.3.F)		# of Chairs	
Is the school in a building separate from any other barbering establishment owned or operated by the same management (Rule 1.3.G)?			
Does the school advertise as a school and not a barber shop (Rule 1.3.H)?			
Does the sign clearly designate the school as a school of barbering at the entrance (Rule 1.3.J)?			
Does the school display a sign in a conspicuous place "ALL WORK IN THIS SCHOOL IS DONE BY STUDENT" (Rule 1.3.I)?			
Are there any guest artist for demonstration purposes (Rule 1.3.I)?			
Is there a service price sign posted (Rule 1.3.K)? Is there a service price sign posted (Rule 1.3.K)?			
Is there a school library consisting of a medical dictionary, an English dictionary, two books on barbering and at least one trade magazine pertaining to barbering available at all times (Rule 1.3.L)?			
Are any correspondence courses available through the school program (Rule 1.3.N)?			
Are all records kept by a school available for inspection by the board (Rule 1.3.Q)?			
Does the school have adequate facilities for filing, storing and securing business records (Rule 1.3.U)?			
Does the school have up-to-date technology in the classroom? Provide detail below:			
Does the school offer advanced training courses for registered barbers which is taught by instructors qualified to teach each course (Rule 1.3.II)?			
Does the school consist of not less than two rooms, one for the clinic and one for the classroom with adequate space for students (Rule 1.4.A)?			
Does the barber school or college consist of a minimum of 1200 square feet (Rule 1.4.B)?			
Is there 720 square inches of mirror behind each barber chair (Rule 1.4.C)?			
Is there one laboratory with hot and cold running water behind each barber chair that is used to teach shaves and facials (Rule 1.4.D)?			
Is there at least one shampoo bowl for every three students (Rule 1.4.D)?			
Is the classroom or study hall equipped with at least one individual chair with adequate desk space for a maximum number of pupils occupying the classroom at one time, or if desk are not provided, each chair has a table arm rest (Rule 1.4.E)?			
Does this school have available 200-amp services to the educational facility?			
If no, are you making efforts to have the school upgraded to 200-amp service?			
Is the floor of the clinic area covered with linoleum, asphalt tile or its equivalent (Rule 1.4.G)?			
Does the school maintain a website for public information including but not limited to the school's program of study and school license number?			
Does the school post on its website the current annual pass rate?			
Name the website address:			

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE <i>Incomplete application will not be processed and the applicant will be notified by the Board with the cause of the non-processing.</i>	
Copy of requirements for student enrollment (Rule 1.2.B)	ATTACHED
Copy of contract between school and student [§ 73-5-7 (2)(d)]	ATTACHED
Copy of \$25,000 surety bond to ensure that in the event a school ceases operation, that all unused tuition fees will be refunded to the students concerned. The bond shall remain in effect for the duration of the school's operation [§ 73-5-7 (2)]	ATTACHED
\$125 New Application Fee / \$100 Renewal Application Fee; Check #: _____	ATTACHED
Certificate or letter from city or state building inspector showing that the building which will be occupied by the school, meets the requirements of the city and state building and fire codes	ATTACHED
Most current fire inspection report from the City/County	ATTACHED
Personal Survey Form(s) for corporate, partnership, or individually owner barber school	ATTACHED
Previous Year Tax Return – indicating financial stability to operate a barber school under the laws of the State of Mississippi	ATTACHED
Copy of latest letter of accreditation, if applicable	ATTACHED
Copy of the daily sign-in/sign-out sheet used to record attendance?	ATTACHED
Copy of Professional Liability Insurance coverage that covers students and staff?	ATTACHED
Copy of Business Permit for the City/County where the school is located?	ATTACHED

AFFIDAVIT OF APPLICANT

I do certify that I am of good moral character. If granted a Certificate of Registration, I will obey and/ or cause to be obeyed, the Rules and Regulations adopted by the Mississippi Board of Barber Examiners and will provide a curriculum, teaching staff, and equipment and materials necessary to teach the practices of barbering, in full compliance with the Barber Law and its attendant Rules and Regulations. I further understand that no school can begin operation without written approval from the Mississippi Board of Barber Examiners.

Signature _____ Date _____

STATE OF MISSISSIPPI

COUNTY OF _____

Before me, a Notary Public, in and for the County and State aforesaid, came _____, a resident of _____ (City) _____ (State), _____ (State) who being duly sworn says that the statements contained in the above application are true and accurate to the best of their knowledge.

Signature of Affiant _____

Subscribed and sworn to, before me this the _____ day of _____, _____.

SEAL

Notary Public _____

ATTACHMENT A – Bond Information - § 73-5-7 (2)

STATE OF MISSISSIPPI
MS BOARD OF BARBER EXAMINERS
510 George Street #400
Jackson, MS 39202

SCHOOL BOND NO. _____
COR # _____
DATE RECEIVED _____

This Bond should be accompanied by a certified copy of Certificate of Appointment to Resident Agent, Attorney-in-fact, or such other Resident Official of the Surety Company as has executed the bond.

KNOW ALL MEN BY THESE PRESENTS: That I/We as principal

_____ School's Name
_____ School Address
and _____ Surety Name
_____ Surety Address

a corporation qualified to do business in the STATE OF MISSISSIPPI, as surety, hereby acknowledge ourselves indebted to the STATE OF MISSISSIPPI, in the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000): upon the following conditions, however, and no other viz: Said

_____ School's Name

on or about the _____ day of _____, 20____, filed in the office for the Mississippi Board of Barber Examiners, an application for a License to furnish classroom, technical or trade courses of instruction to persons within the STATE OF MISSISSIPPI, upon which the STATE OF MISSISSIPPI requests that

_____ School's Name

furnish a surety bond in the amount as stated above.

NOW, THEREFORE, this bond is executed upon condition that the facts set forth in the application of

_____ School's Name

for such Certificate, and the Proof and Statements offered to the Board of Barber Examiners upon which the application is based, are true and that said

_____ School's Name

will comply with the Mississippi Board of Barber Examiners Rules and Regulations, in furnishing classroom, technical or trade courses of instruction within the STATE OF MISSISSIPPI; and conditioned to satisfy any and all judgments rendered by a Court of competent jurisdiction in favor of any person or persons who have suffered loss as a result of:

- a) any fraud or misrepresentation used in behalf of the principal in procuring such person's enrollment in a course of instruction (including the repayment of tuition paid in advance by any student);or
- b) as the result of a breach of Contract of instruction by the principal; or their failure to carry out and comply with each and every contract and agreement made and entered into by said

Principal acting by and through its officers, agents, or representatives with any student or enrollee; or

- c) the inability of the student to complete the course or courses because the school ceased operation or failed to furnish the facilities advertised or included in the contracted agreement; and shall faithfully comply with all the terms, conditions, provisions and requirements of the laws and rules and regulations of the State of Mississippi and shall save the State of Mississippi harmless from any wrongful act arising out of the operation of the school, then this obligation shall be void, otherwise to remain in full force and effect; or
- d) the failure on the part of the school to adequately maintain all student records, which shall include the failure to transfer such records in accordance with the law and rules and regulations of the State of Mississippi.

This bond is to be and remain in full force and effect for the effective period of the License to which it applies in accordance with the provisions herein set forth. The surety may terminate the bond upon giving sixty (60) days' written notice to the principal and the MISSISSIPPI BOARD OF BARBER EXAMINERS

Witness, the signature of said parties on this _____ day of _____, 20_____.

Principal (Name of School)

Attorney-in-Fact

Signature of School Official

Name of Insurance or Bonding Agency

Address of Insurance or Bonding Agency

Title of School Official

Phone Number of Insurance or Bonding Agency

MUST ATTACH A COPY OF THE ACTUAL BOND

**PERSONAL SURVEY FORM
FOR PROSPECTIVE OWNERS OF BARBER SCHOOLS (IF PRIVATELY OWNED)**
(Duplicate as needed, and complete one form for each owner, partner or corporate officer)

Full Name					
Legal Residence					
Birthplace	City Birth	State	County	Zip	Date of
Name of Proposed School					
Address of Proposed School					
Interest in Proposed School	Partner	Corporation Officer / Position	Sole Owner		
Have you ever been convicted of a felony?	<input type="radio"/> YES; Explain <input type="radio"/> NO				
Are you addicted to the excessive use of alcohol?	<input type="radio"/> YES; Explain <input type="radio"/> NO				
Are you addicted to the excessive use of drugs?	<input type="radio"/> YES; Explain <input type="radio"/> NO				
Previous Address	City	State	County	Zip	
Are you A Mississippi licensed barber?	<input type="radio"/> NO <input type="radio"/> YES; provide the following: Type of License _____ State _____ License # _____ Expiration _____ Basic Training acquired from School / City / State Instructor Training acquired from School / City / State				
Do you have experience teaching barbering?	<input type="radio"/> NO <input type="radio"/> YES; provide name & address of each school and dates of employment				
Have you ever owned a barber school?	<input type="radio"/> NO <input type="radio"/> YES; Explain				
Business or profession (if other than barbering)					
NAME & ADDRESS OF TWO (2) PERSONS, OTHER THAN RELATIVES WHO HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS					
Name	Address				

I acknowledge that the information above is true and accurate to the best of my knowledge. Further, I acknowledge that I am familiar with the Barber Statutes (MS Code, Ann., amended; § 73-5-1 et seq and the Rules and Regulations of the Mississippi Board of Barber Examiners governing sanitary conditions of barber businesses, schools of barbering and the practice of barbering. Further, I agree to comply with these Statutes and Rules and Regulations as set forth by the Board.

Signature of Applicant _____ Date _____

AFFIDAVIT

State of Mississippi

County of _____

Before me, a Notary Public, in and for the County and State aforesaid, came _____, a resident of _____ (City) _____ (State), _____ (State) who being duly sworn says that the statements contained in the above application are true and accurate to the best of their knowledge.

Signature of Affiant _____

Subscribed and sworn to, before me this the _____ day of _____, _____.

SEAL

Notary Public _____

FOR USE BY MISSISSIPPI BOARD OF BARBER EXAMINERS ONLY

Requirement	Response		Action Required
Was Page 1 completed in its entirety?	YES	NO	
Was Page 2 completed in its entirety?	YES	NO	
Was Page 3 completed in its entirety?	YES	NO	
Was the Affidavit signed and notarized on page 4?	YES	NO	
Was a copy of requirements for student enrollment (Rule 1.2.B) attached?	YES	NO	
Was a copy of contract between school and student [§ 73-5-7 (2)(d)] attached?	YES	NO	
Was a copy of \$25,000 surety bond to ensure that in the event a school ceases operation, that all unused tuition fees will be refunded to the students concerned. The bond shall remain in effect for the duration of the school's operation [§ 73-5-7 (2)] attached?	YES	NO	
Was the \$125 Application Fee Check/Money Order/Cashier's Check #: _____ attached?	YES	NO	
Was a certificate or letter from city or state building inspector showing that the building which will be occupied by the school, meets the requirements of the city and state building and fire codes attached?	YES	NO	
Was the most current fire inspection report from the City/County attached?	YES	NO	
Were Personal Survey Form(s) for corporate, partnership, or individually owner barber school attached?	YES	NO	
Was the Previous Year Tax Return – indicating financial stability to operate a barber school under the laws of the State of Mississippi attached?	YES	NO	
Was a copy of latest letter of accreditation, if applicable, attached?	YES	NO	
Was a copy of the daily sign-in/sign-out sheet recording attendance attached?	YES	NO	
Was a copy of Professional Liability Insurance coverage that covers students and staff attached?	YES	NO	
Copy of Business Permit for the City/County where the school is located?	YES	NO	
FOR RENEWALS ONLY			
What was the annual pass rate for the previous year?	YES	NO	
Were there any changes noted on this application that the school FAILED TO report prior to changes: Ownership Instructors School Name Loss of Financial Aid School Director Financial Stability Facility Standards Program Eligibility Program of Study School Location			
NOTE: School ownership or location changes require a new application			

Current License Status	NEW	TEMPORARY	PROBATIONARY	CONDITIONAL	NON-CONDITIONAL
Inspection Scheduled			Inspection Report Received		
Recommended License Status	NEW	TEMPORARY	PROBATIONARY	CONDITIONAL	NON-CONDITIONAL