



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
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		
PRACTICAL			Time Schedule		Instructor	Time Schedule		Instructor
			Begin	End		Begin	End	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

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

SCHOOL REQUIREMENTS	Yes √	No √	Inspector Verified √
How many barber chairs per shift (Rule 1.3.F)			
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 Application Fee Check/Money Order/Cashier's 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
Copy of latest letter of accreditation, if applicable	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 _____

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	State	County	Zip	Date of Birth
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 cosmetology 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 cosmetology 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 _____