



APPLICATION FOR BARBERSHOP LICENSE RENEWAL

Pay & Submit Online at <https://barber.nv.gov>

2025-2027

Requirements for Barbershop License Renewal Application

➔ **Completed Barbershop License Renewal Application**

➔ **\$50 Barbershop Renewal Fee**

I hereby make application for renewal of my certificate to operate a Barbershop in the State of Nevada for the fiscal year ending April 1, 2027.

Date _____ Amount Enclosed \$ _____

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

CELL PHONE#: _____ EMAIL: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

BARBERSHOP NAME: _____

CURRENT LICENSE NUMBER: _____

Report of Existence of Nevada Business License

Pursuant to NRS, all Boards and Agencies are required to gather the following information.

- I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada Business license number is: _____

- I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76 and my application is pending.

- I do NOT have a Nevada business license number.

The Nevada State Barbers' Health and Sanitation Board is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at:

<https://www.nvsos.gov/sos/businesses/start-a-business>

Veteran's Questionnaire

1. Are you a US Veteran? *Please circle one.* YES or NO

2. What Branch of Service did you serve in? _____

3. What was your speciality job in the Military? _____

4. What dates did you serve? _____, _____
(Starting Date) (Ending Date)

Child Support Information

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

____ I am **NOT** subject to a court order for the support of a child.

____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

____ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number or ITIN#: _____

Signature of Applicant: _____ Date: _____