



Barbershop Designated Manager Form

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

Section 1. REQUEST TYPE

Please indicate the type of request being submitted:

- ☐ Barbershop submitted first-time new license with Designated Manager in charge.
- ☐ Barbershop changing Designated Manager in charge.
- ☐ Designated Manager, terminating Barbershop in charge relationship.

Section 2. DESIGNATED MANAGER INFORMATION

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
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Registered Barber License Number: _____

Are you currently a Designated Manager for a Barbershop?

- ☐ YES I am regularly employed by the firm, person, or corporation indicated in the Barbershop section below, and all work performed in the State of Nevada by the Barbershop is under my supervision.
- ☐ NO Please terminate any relationship I have with the Barbershop mentioned below.

Have you read and understand the State of Nevada laws, rules, and regulations? Yes _____ No _____

Designated Manager's Signature: _____ Date: _____

Section 3. BARBER SHOP INFORMATION

<i>Barbershop Name</i>	<i>Owner's Name</i>
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Both parties to this agreement understand that they must submit a Designated Manager Form immediately upon the resignation or severance of connection of the above Designated Manager with the above Barbershop. We hereby acknowledge that the Barbershop must have at least one Designated Manager in order to conduct business in the State of Nevada, and that this Designated Manager is not designated for any other Barbershop.

Barber Shop Owner Signature: _____ Date: _____
(Owner, Partner, or Officer)