



**Registered Barber Registration Certificate Request**

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

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I am employed, or expect to be employed at the following barbershop:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit and pay \$60.00 online at <https://barber.nv.gov>**

*Or you may return this form with a Cashiers Check or Money Order ONLY to:*

Nevada State Barber's Health and Sanitation Board  
4710 E. Flamingo  
Las Vegas, Nevada 89121



### 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: \_\_\_\_\_