



**Application for a Certificate to Conduct or Modify a Barber School**

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

This application must be accompanied by the required fee.

I hereby make application to conduct a barber school in the State of Nevada in accordance with Chapter 643 of the Nevada Revised Statutes.

1. Full Name: \_\_\_\_\_

*If applicant is a copartnership, please give full name of each partner. If applicant is a corporation, give name of president or manager thereof.*

2. Under what name will the school be conducted? \_\_\_\_\_

3. Full Address of Barber School: \_\_\_\_\_

4. On what date will the school be opened? \_\_\_\_\_

5. How many barber chairs will be in the school? \_\_\_\_\_

6. How many square feet of floor space will there be in the barber school? \_\_\_\_\_

7. A floor plan must be submitted to the Board for approval.

8. Are there 2 bathrooms in the barber school? \_\_\_\_\_

9. In which is the barbershop located? Commercial Building \_\_\_\_\_ Hotel \_\_\_\_\_ Residence \_\_\_\_\_ Other \_\_\_\_\_

10. The barber school is: New \_\_\_\_\_ Change of Location \_\_\_\_\_ Change of Partnership \_\_\_\_\_  
Creating Partnership \_\_\_\_\_ Sold \_\_\_\_\_ If name changed, list former shop name: \_\_\_\_\_

11. Has this barber school been established in accordance with all state barber laws, rules, and regulation? \_\_\_\_\_

12. Full name and signature(s) of registered barber(s) who will be in charge of this barber school.

Name: \_\_\_\_\_, \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_ License Number: \_\_\_\_\_



**READ CAREFULLY**

I do hereby certify and declare, that if said barber school certificate is issued to me that said barber school will be conducted in accordance with the Nevada State barber laws, rules, and regulations; namely that said school will not be used for residential or business purposes other than barbering; that I will employ only Licensed Instructors in said school, and that said school will be at all times under the direct and immediate personal supervision of a registered instructor; that the barber school certificate will be displayed in a conspicuous place within the school at all times; that if operated in connection with another place of business or residence, a partition of ceiling height shall separate the barbershop from any other business or residence; that a recognized sign, clearly visible at the main entrance to the shop indicating that it is a barber school will be displayed; that I will furnish in said barber school the proper sterilization in accordance with the Nevada State barber laws, rules and regulations; that said barber school will be kept in a clean and sanitary condition at all times; that I will display in the barber school a copy of the rules and regulations, and comply with the same. That I will permit any member of the Nevada Site Barbers' Health and Sanitation Board or its agents or assistants to enter into and inspect said barber school at any time during school business hours; and should I violate any of the Nevada State barber laws, rules and regulations, I will expect the Board to suspend, refuse to issue or revoke my Barber School Certificate.

I understand that if a Barber School Certificate is issued to me on this application, it cannot be transferred to any other party, nor can it be transferred from one address to another.

\_\_\_\_\_, first being duly sworn, deposes and says that \_he is the person making the foregoing application; That \_he has read the same in its entirety and knows that contents thereof and that all the statements made herein are true in every respect.

Subscribed and Sworn to Before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_  
(APPLICANT)

Notary Public in and for this County of \_\_\_\_\_

State of \_\_\_\_\_

**(Do not write below this line)**

\_\_\_\_\_  
Name of Barber School

\_\_\_\_\_  
Certificate Date of Issue

\_\_\_\_\_  
Certificate Number