



# **Application for a Certificate to Conduct a Barbershop**

Pay & Submit Online at <a href="https://barber.nv.gov">https://barber.nv.gov</a>

This application must be accompanied by the required fee.

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

1. Full Name:						
2. Under what name will the shop be conducted?						
3. Full Address of barbershop:						
4. On what date will the shop be opened?						
5. How many chairs will be in the barbershop?						
6. How many square feet of floor space will there be in the barbershop?						
7. Does the main entrance ingress or egress directly to a public walkway, hallway, or lobby?						
8. Is there a bathroom in or immediately adjacent to the barbershop?						
9. In which is the barbershop located? Commercial Building Hotel Residence Other						
10. The barbershop is: New Change of Location Change of Partnership Creating Partnership Sold If name changed, list former shop name:						
11. Has this barbershop been established in accordance with all state barber laws, rules, and regulations?						
12. Full name and signature(s) of registered barber(s) who will be in charge of this barbershop.						
Name: License Number:						
Name: 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: <a href="https://www.nvsos.gov/sos/businesses/start-a-business">https://www.nvsos.gov/sos/businesses/start-a-business</a>
Veteran's Questionnaire
. Are you a US Veteran? <i>Please circle one.</i> YES or NO
2. What Branch of Service did you serve in?
3. What was your speciality job in the Military?
1. 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 <b>NOT</b> 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 or 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 approve 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:





## **Barbershop Designated Manager Form**

Submit Online at <a href="https://barber.nv.gov">https://barber.nv.gov</a>

Designated Manager Information						
First Name		Middle Initial	Last Name			
Registered	l Barber License Number:					
Are you cı	ırrently a Designated Manage	er 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 Sta	te of Nevada laws, rul	es, and regulations? Ye	s No		
Designate	d Manager's Signature:			Date:		
Section 3	Barbershop Information					
Barbershop N	lame					
Owner's Nam	e					
resignatio acknowled	n or severance of connection	of the above Designa t have at least one De	ited Manager with the signated Manager in o	nager Form immediately upon the above Barbershop. We hereby rder to conduct business in the State nop.	e of	
Rarher Shon Owner Signature				Date:		

(Owner, Partner, or Officer)





### **Inspection Checklist For A New Barbershop**

All new and existing barbershops must follow the below standards at all times.

**Hot and Cold Running Water:** A barbershop must have at least one sink for every two work areas or barber's chairs. The sink may not be more than 3 feet from each work area or chair.

Waste Receptacles: At least one covered waste receptacle (garbage can) must be provided for each barber's chair.

**New Towels:** A closed cabinet for clean towels to be stored in.

**Used Towels:** A covered and vented receptacle must be available for depositing used towels.

**Toilets:** Adequate toilets must be in or immediately adjacent to a barbershop.

**Cabinets:** Closed, clean cabinets to hold all clean non-electrical tools and implements.

**Barbicide Jars:** Must be available at each station—containers for disinfectant solution for tools and implements.

**Disinfection Solution:** A disinfection solution must be available and mixed accordingly to manufactures directions. This must be used at all times.

**Lighting and Ventilation:** The Barbershop must be well lit and adequately ventilated.

**Clean and Sanitary Condition:** The furniture, equipment, tools, utensils, floors, walls and ceilings of a barbershop must be kept in a clean and sanitary condition at all times.

**Good Repair and Condition:** The walls, woodwork, ceilings, furnishings, and fixtures of a barbershop must be kept in good repair.

**Barbershop Identification:** A Barber Pole or decal of a Barber Pole must be displayed at the shop's main entrance, indicating that it is a barbershop.





#### **READ CAREFULLY**

I do hereby certify and declare, that if said barbershop certificate is issued to me that said barbershop will be conducted in accordance with the Nevada State barber laws, rules, and regulations; namely that said shop will not be used for residential or business purposes other than barbering; that I will employ only one registered apprentice in said shop, and that said shop will be at all times under the direct and immediate personal supervision of a registered barber; that the barbershop certificate will be displayed in a conspicuous place within the shop 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 barbershop will be displayed; that I will furnish in said barbershop the proper sterilization in accordance with the Nevada State barber laws, rules and regulations; that said barbershop will be kept in a clean and sanitary condition at all times; that I will display in the barbershop 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 barbershop at any time during 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 Barbershop Certificate.

•		to me on this application, it cannot be transf	ferred to any
other party, nor can it be transferred from c	one address to and	other.	
		, first being duly sworn, deposes a	nd says that the is
the person making the foregoing application and that all the statements made herein are	n; That _he has rea	ad the same in its entirety and knows that co	
Subscribed and Sworn to Before me this	day of	Signature	
		(APPLICANT)	
	_, 20		
Notary Public in and for this County of			
State of			
	(Do not write	below this line)	
	Name of E	Barbershop	
	Certificate Date of Issue		

Certificate Number