

BARBER BUSINESS APPLICATION

ALL NEW BARBER BUSINESSES OR CHANGES OF OWNERSHIP SHALL PAY AN INITIAL FEE OF \$25.00 IN ADDITION TO \$15.00 PER BARBER CHAIR BEFORE BEGINNING BUSINESS. SAID FEE SHALL NOT BE TRANSFERRABLE UPON CHANGE OF OWNERSHIP. ALL CHAIRS ADDED AFTER THE INITIAL INSPECTION WILL BE AT A CHARGE OF \$15.00 PER CHAIR. CHECK PURPOSE OF THIS APPLICATION: CHANGE OF NEW SHOP √ LOCATION CHANGE √ MOBILE UNIT √ (Must be owned by a licensed brick-and-mortar barber business OWNERSHIP √ and comply with requirements set forth for a mobile business - refer to MBBE.25) If applicable, name of brick-and-mortar License #: barber business providing mobile services? How many barber chairs operating per day: This application must be in the office at least two (2) weeks BEFORE the salon opens. Licenses are non-transferrable. \$______ 1. Barber Business Application Fee (\$25.00 and only required with completed NEW application) \$______ 2. Number of Chairs ______ X \$15.00 per barber chair (new business). \$ 3. \$125.00 Additional Fee for Requesting a Mobile Barber Shop License TOTAL FEE ENCLOSED (business check, money order, cashier's check – no cash accepted) V Include a business check, cashier's check or money order (no cash or personal checks) in the amount of \$25.00 in addition to \$15.00 per barber chair before beginning business. Include a copy of each owner's social security card and current driver's license (front and back) Include a copy of the current permit and/or privilege license from the city or county. Include the Bill of Sale or Lease Agreement if you are purchasing this salon from another individual BARBER BUSINESS INFORMATION Name of Barber Business: Mailing Address – Street or PO Box: County: City: Zip: Physical Address (if different from above: Street County: Zip: City: Phone Number: **Email Address:** Type of Business: Individual Corporation IRS Tax ID #: Partnership Check All Days Open: Salon Opening Salon Hours: Date:

Salon Located In:	Residential Dis	strict (including home	e location)	Mobile Business					
Owner (Printed):	Owner's Social Security Number:		Owner's Signature:						
Owner's Mailing Address- Street or PO Bo	x:	City:	State:	Zip:					
Owner's Phone Number:	Owner's Email Address:								
Is the Salon Owner a MS licensee: No Barber – License Number:									
IF ADDIITIONAL OWNER, COMPLETE THE SECTION BELOW									
Owner (Printed):	Owner's Social Sec	curity Number:	Own	er's Signature:					
Owner's Mailing Address- Street or PO Bo	X:	City:	State:	Zip:					
Owner's Phone Number:	Owner's Email Address:								
Is the Salon Owner a MS licensee:									
	O No O	Barber – License Nu	mber:						
Manager (Printed):	Manager's Social	Security Number:	<u> </u>	Manager's Signature:					
Manager's Mailing Address- Street or PO	Box:	City:	State:	Zip:					
Manager's Phone Number: Manager's Email Address:									
Is the Business Manager a MS licensed barber: No Barber – License Number:									
SPECIAL INSTRUCTIONS REGARDING THE	LOCATION OF THIS E	BUSINESS (IF REQUIR	ED):						
CERTIFICATION [Add additional pages if more than one owner or manager]									
 I agree to abide by the laws of the Mississippi Board of Barber Examiners. By my signature, I certify under penalty of prosecution that: a) I am either a citizen of the United States or legally present in the United States and authorized to work. b) I understand that providing false information on this application may result in revocation of the license and imposition of administrative penalties. c) I understand that the fee will be forfeited under the following circumstances: 1. An inspection appointment is postponed by the proposed salon owner beyond 90 days after receipt; and 2. The proposed salon owner(s) is a no-show for the inspection appointment and fails to send a representative. Signature: 									
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MINIMUM REQUIREMENTS FOR ESTABLISHMENT OF A NEW BARBER SHOP				NO	Inspector			
Rule 5.1				٧	Verified			
Meets requirements that all restrooms must have soap, towels, and hot and cold running water								
Meets requirements that all work are								
four (4) feet of barber chair(s).								
Public sewer / septic tank connection	available or holding tank (n	nobile business only)						
Adequate lighting for each chair								
Proper mirrors (not less than 24' x 30") for each work station								
Cabinets for clean and soiled linens								
Floors have a surface that is can be kept clean and maintained at all times								
Adequate ventilation								
Lavatory located within reasonable distance from work chair in all work areas								
No direct contact between sleeping room, living purposes or other residential use and barber shop								
Recognizable sign is displayed indicating that it is a barber shop or barber style shop								
Sanitation Rules are posted in a conspicuous location easily viewable by the public								
Licenses of all barbers who will be pe	rforming barber services are	e posted and easily viewable by the						
public								
Check methods of disinfectant available at all times:								
○ Immersion for 5 minutes in 70% alcohol;								
Barbercide solution;								
Immersion for one (1	.) minute in Metaphen (1-10	00)						
ADDITIONAL REQUIREMENTS FOR MOBILE BUSINESS								
Is an enclosed mobile unit that is self-supporting and self-contained with the ability to operate								
without having to connect to any outside utilities								
Barber business does not provide chemical services								
Furniture is anchored to the mobile unit								
No part of the mobile unit can be used for living or sleeping quarters at any time								
Business has hot and cold running water and if the fresh water holding talk is depleted, business								
cannot provide barber services								
Business shall not operate while unit is in motion or moving								
Signage must be displayed on the exterior of both sides of the unit								
Records shall be maintained within the mobile unit regarding appointments, itineraries, and								
schedules and made available for inspections Mobile barber business license must be posted								
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Board licensees shall post individual licenses as required in the Board rules								
Disinfection and safety standards shall be followed at all times the business is providing services								
Mobile business cannot be located within 1500 feet of existing licensing business								
All barber business application requirements must be met								
List all barbers and their respective license numbers providing services								
Name	License #	Name	License #					
Name	License #			License #				
Name License # Name			License #					
ame License # Name			License #					
Name	License # Name		License #					