



APPLICATION TO OPERATE A NAIL TECHNOLOGY SALON

License #:

Issued:

Expires:

STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division of Public Health – Licensure Unit
 301 Centennial Mall South - P.O. Box 94986
 Lincoln, Nebraska 68509-4986 (402-471-4977)
 vicki.nelson@nebraska.gov

9/2012

FEE: \$150.00

Made payable to: LICENSURE UNIT

OR \$ 37.50 (if issued between April 1st and September 30th of the odd numbered years)

PLEASE PRINT OR TYPE

Check the appropriate licensure type below (check ALL that apply):

- Commercial Salon
 Home Salon
 New Salon
 Change of Location; Will the former location be closed when new location becomes operational?
 YES
 NO
 Change of Ownership; Identify the former owner(s): _____
 If known, please list the previous salon name: _____

SECTION A - GENERAL INFORMATION (All applicants must complete this section) **Questions #1 and 2 are public information and will be displayed on the INTERNET at <http://www.nebraska.gov/LISSearch/search.cgi>**

1	NAME OF ESTABLISHMENT:			
2	ESTABLISHMENT ADDRESS:	Street/PO/Route:		
		City:	State:	Zip:
		NOTE: If the establishment is not identified by a street address, please provide directions.		
3	TELEPHONE NUMBER:			
4	NUMBER OF LICENSEES TO BE WORKING AT ANY ONE TIME:			
5	ANTICIPATED OPENING DATE:	Application must be submitted 30 days prior to opening date		
6	HOURS SALON IS OPEN DAILY:	Sunday ____ am to ____ pm Monday ____ am to ____ pm Tuesday ____ am to ____ pm Wednesday ____ am to ____ pm Thursday ____ am to ____ pm Friday ____ am to ____ pm Saturday ____ am to ____ pm	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Check here if open by appointment only <input type="checkbox"/> <u>BUT MUST LIST DAYS AND TIMES MOST LIKELY TO BE WORKING</u> </div>	

SECTION B – SKETCH and INSURANCE (All applicants **MUST** submit the following documents)

1. A **sketch** of the salon premises; and
2. A copy of the **minimal property damage, bodily injury, and liability insurance** coverage for the salon.

Inspection Results: Satisfactory Unsatisfactory

Date of Inspection: _____ Inspector: _____

SECTION C – OWNER INFORMATION (All applicants must complete the following information) **(This information is not displayed on the internet)**

Indicate the type of owner of this business:

- Sole proprietorship
 Partnership
 Limited 1 liability company that has only one member
 Limited liability company that has **more than** one member
 Corporation
 Governmental Unit
 Other: Identify Type _____

SOLE PROPRIETORSHIP OR PARTNERSHIP:

1	Full name of the Business Owner(s) or Partners:			
2	Address of the Business Owner(s):	Street/PO/Route:		
		City:	State:	Zip:
3	If the applicant is a sole proprietorship , identify the social security number of the owner (this is REQUIRED INFORMATION) Social security numbers obtained under this section shall not be public information but may be shared by the department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to such information.			SS #:
4	Business Phone #: (optional)	Business Fax #: (optional)	Owner/Business E-Mail Address: (optional)	

CORPORATION OR LIMITED LIABILITY COMPANY OR GOVERNMENT UNIT:

1	Name of Corporation, LLC, or Government Unit:			
2	Mailing address of the Business Owner(s) or corporate office. This should be an address different from the salon address:	Street/PO/Route:		
		City:	State:	Zip:
3	Federal Identification Number (FIN or EIN required in the event a refund is warranted)	FIN (EIN) #:		
4	Business Phone #: (optional)	Business Fax #: (optional)	Owner/Business E-Mail Address: (optional)	
5	Name of each Person in Control of the Business (if space is not adequate, attach additional sheet)			

SECTION D – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete the following information)

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	Have you operated this business at this address in Nebraska prior to the application for a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you operated this business at this address in Nebraska after the expiration date of your salon license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	If yes, what are the actual number of days you operated:	# of days: _____

SECTION E - ATTESTATION (All applicants must complete the following information)

I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete. I further state:

If the applicant is a sole proprietorship for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows:

- I am a citizen of the United States.
- I am a qualified alien under the Federal Immigration and Nationality Act.

My immigration and alien number are as follows: _____ and I agree to **attach a copy** of my USCIS documentation, which includes one of the following:

- Alien Registration Receipt Card (Form I-551, otherwise known as a 'Green Card');
- Unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- Alien Registration Number (A#); or
- Form I-94 (Arrival-Departure Record).

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

The application must be signed by the individual(s) indicated below (place a check mark in the appropriate box) and dated:

- 1. The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited 1 liability company that has only one member;
- 2. Two of its members if the applicant is a limited liability company that has more than one member;
- 3. Two of its officers if the applicant is a corporation;
- 4. The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
- 5. If the applicant is not an entity described in 1 through 4 above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

**HAVE YOU PREVIOUSLY HELD A COSMETOLOGY OR NAIL TECHNOLOGY SALON LICENSE IN NEBRASKA?
IF YES, IDENTIFY THE NAME AND LOCATION:**

NAME: _____ **LOCATION:** _____ (street)
_____ (city)

Signature of Owner/Representative as listed above date _____

Signature of Owner/Representative as listed above date _____