

COSMETOLOGY SALON LICENSURE REQUIREMENTS & INFORMATION

REQUIREMENTS: The main requirements for cosmetology salon licensure are as follows:

1. Separate entrance (the entrance for a commercial location may be from a public foyer or area).
2. At least 150 square feet for one operator and 50 additional square feet for each additional operator.
3. Restroom facilities within the salon and are for salon use only. Consequently, a house where a home salon is being operated must have another restroom in the house for family use. A commercial location may use public restrooms if they are in a public area such as a hallway but not another business.
4. A home salon is allowed one connecting door which is for the cosmetologist's use only for passage from the home to the salon.
5. If licensed cosmetologists provide nail services, they must follow the Sanitation and Safety Relating to Nail Technology Services Regulations in addition to normal cosmetology salon sanitation regulations.

APPLICATION: Before a cosmetology salon license can be issued, an application, sketch of the salon premises, proof of liability insurance, and fee of \$150 must be submitted and approved.

PLEASE BE CERTAIN YOUR SKETCH SHOWS THE FOLLOWING INFORMATION: all entrances and exits, square footage, restroom facilities, reception area, storage area, dispensary, sanitizing area, equipment, and windows. For a home salon, please show the connecting door along with the salon in relation to the rest of the home. This will help us determine if the salon is separate from the living quarters and also be certain the entrance is for salon use only. Home salons must be permanently separated (by solid walls) from all living area but may have the connecting door for the cosmetologist's use only. The entrance used by clients must lead directly from the outside into the home salon--this entrance **cannot** also be used for entry into the living area. If the information above is not shown on your sketch, it will be returned so it can be added. Also, please **do not** use the edge of the paper as the outside walls of the salon. The outside walls should be drawn according to the shape of the area and then the interior should be added. **ALL** areas and/or rooms must be labeled.

BARBER AREA: A cosmetology salon and barber shop may occupy the same location but each area must be distinct. A person entering the establishment must be able to determine which area is cosmetology and which area is barbering, therefore, we request that signs be placed designating the areas as "Cosmetology" or "Barber". Even though the two areas are together, the beauty salon must meet the above requirements for licensure with the exception of the separate entrance. One entrance may be used for both the cosmetology salon and barber shop. The reception area, storage area, and dispensary may also be shared, but the actual "practice areas" must be separate and distinct (including separate shampoo bowls). When submitting the sketch of the premises, please be **very** detailed in showing each area, labeling them "cosmetology" or "barber", and the amount of square footage allowed for the cosmetology salon. It is sometimes helpful to outline the two areas in different colored pencil or ink.

OTHER INFORMATION: If you are building or remodeling a home salon, you **MUST** submit a sketch for pre-evaluation **BEFORE** any construction begins. This assures you that the salon will meet state requirements and prevents problems after construction has been completed. Please also check with the city offices to be certain there are no regulations preventing the operation of a salon at your location. Each salon must have the name displayed on or above the entrance providing it does not conflict with city ordinances.

MESSAGE AREA: Due to a recent change in the massage licensing statutes, you are no longer required to have a separate establishment license for a massage area within a licensed cosmetology salon. For more information regarding massage licensing, please contact Rita Watson at 402-471-4918.

A separate nail technology salon license is no longer required if nail services performed by nail technicians are part of the cosmetology salon and **is not** a separate business. However, all advertising must be done under the cosmetology salon name, and the nail area **cannot** use a different business name. If a nail technician wishes to have a separate nail business within a cosmetology salon using a different business name, a separate nail technology salon license is required.

Salon licenses are issued only for the owner and/or location stated on the application. Any change in ownership or location requires a new application, sketch, and fee. Please refer to the enclosed copy of Neb. Rev. Stat. 38-1078 through 38-1090 for salon licensure and operating requirements.



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

**APPLICATION TO OPERATE A
 COSMETOLOGY SALON
 or ESTHETICS SALON**

License #:
 Issued:
 Expires:

10/2013

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(s) below (CHECK ALL THAT APPLY):

New Salon
 Home Salon **OR**
 Commercial Salon
 Esthetics Salon
 Barber Area (Check this box if the salon also has a barber area and contact the Board of Barber Examiners for licensure of this area)
 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"/> BUT MUST LIST DAYS AND TIMES MOST LIKELY TO BE WORKING </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 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

Neb. Rev. Stat. §38-1089. Each salon license issued shall be in effect solely for the owner or owners and premises named thereon and shall expire automatically upon any change of ownership or location. An original application for licensure shall be submitted and approved before such salon may reopen for business.