

**STATE OF NEBRASKA**

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

**APPLICATION TO OPERATE A  
 COSMETOLOGY SALON**

License #:

Issued:

Expires:

10/2013

**FEE: \$150.00**

**Make payable to: LICENSURE UNIT**

**PLEASE PRINT OR TYPE**

**Check the appropriate licensure type(s) below (CHECK ALL THAT APPLY):**

Application due to salon renewal expiration

Home Salon **OR**  Commercial 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): \_\_\_\_\_

**SECTION A - GENERAL INFORMATION (All applicants must complete this section)**

1	<b>NAME OF ESTABLISHMENT:</b>			
2	<b>ESTABLISHMENT ADDRESS:</b>	Street/PO/Route:		
		City:	State:	Zip:
		<b>NOTE: If the establishment is not identified by a street address, please provide directions.</b>		
3	<b>TELEPHONE NUMBER:</b>			
4	<b>NUMBER OF LICENSEES TO BE WORKING AT ANY ONE TIME:</b>			
5	<b>ANTICIPATED OPENING DATE:</b>			
6	<b>HOURS SALON IS OPEN DAILY:</b>	<b>Sunday</b> _____ am    to    _____ pm <b>Monday</b> _____ am    to    _____ pm <b>Tuesday</b> _____ am    to    _____ pm <b>Wednesday</b> _____ am    to    _____ pm <b>Thursday</b> _____ am    to    _____ pm <b>Friday</b> _____ am    to    _____ pm <b>Saturday</b> _____ am    to    _____ pm	Check here if open by appointment only <input type="checkbox"/> <b><u>BUT MUST LIST DAYS AND TIMES MOST LIKELY TO BE WORKING</u></b>	

**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.

**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 <b>sole proprietorship</b> , identify the social security number of the owner (this is <b>REQUIRED INFORMATION</b> ) 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 <b>different from</b> 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 <small>(if space is not adequate, attach additional sheet)</small>					

**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 <b>at this address</b> in Nebraska prior to the application for a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you operated this business <b>at this address</b> 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:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable;
4. A 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

**Inspection:** As part of the application process, we are asking you to complete a self-inspection of your salon (see attached self-inspection report). Please submit this application and inspection report to the Department at the address identified on page 1.

Division of Public Health  
 Licensure Unit  
 P.O. Box 94986  
 Lincoln, Nebraska 68509  
 (402) 471-4977

# Cosmetology Salon Self-Inspection Report

Salon Name: _____	
Address: _____	
Town: _____	
Owner: _____	Tele # _____

**Column A:** (Indicate "N/A" for Areas not applicable) Yes/No

**Column B:** (Indicate "N/A" for Areas not applicable) Yes/No

STRUCTURE			
1. Walls, Ceiling & Furniture clean & in good repair			
2. Lighting clean/safe/in working order			
3. Floors clean & free of unsafe objects/uneven surfaces			
4. Windows clean and safe			
5. Ventilation System and/or Fans	a. Fan clean		
	b. Ceiling vents clean		
	c. System/Fan Safe		
	d. Ventilation/open window/fan		
	e. Air flow set to "ON" or "CONTINUOUS"		
6. Electrical appliances clean and safe/no bare wires (blow dryer, curling iron, clippers, wax machines, etc)			
STORAGE			
7. Flammable/combustible chemicals stored away from potential sources of ignition			
8. Chemicals stored in closed bottles/containers			
9. Cabinets, drawers, containers used for storage of implements/towels are clean			
10. Unused supplies are stored in clean, enclosed container/drawer			
11. Implements that have not been used on a client/soiled are placed in a labeled covered container until disinfected			
TOWELS			
12. Cloth towels deposited in closed receptacle after use			
13. Used/soiled towels not used again until properly laundered and sanitized			
14. Disposable towels discarded in closed waste receptacle with a plastic liner immediately after use			
RESTROOM			
15. Chemicals (except deodorizers) in locked cabinets			
16. Clean and operational toilet and sink			
17. Suitable holders for toilet paper			
18. Clean waste receptacle, with disposable plastic liner			
19. Hot and cold running water			
20. Liquid Soap			
21. Single-use disposable towels/appropriate clean holder			
LAUNDRY FACILITIES			
22. Clean, including washer & dryer			
23. Closed receptacle for storing soiled towels			
24. Used for establishment laundry only/no personal items			
HANDWASHING			
25. Licensee washes/sanitizes hands before service			
26. Gloves free of tears/changed gloves if contaminated			
<b>AUTOMATIC UNSATISFACTORY RATING</b> is given if a <b>YES</b> is marked in any of the following:		Yes	No
A. Intoxicating Beverages/Controlled Substance on premises			
B. Pets in Establishment (aquariums/guide animals acceptable)			
C. Unlicensed persons providing services			
D. Unlicensed Establishment			
E. Denied access to all salon areas, personnel, records			
F. Establishment in an Inoperable Condition (i.e. remodeling)			

DISINFECTION & DISINFECTANT SOLUTION STORAGE			
27. Disinfectant Solution	Solution covered at all times		
	Manufacturer's mixing directions followed		
	Changed when visibly cloudy/dirty and at least once per week		
	Solution is EPA registered		
Name of disinfectant used:			
28. Immersion Disinfection process followed	Remove foreign matter		
	Wash hands		
	Wash implement with hot water/soap		
	Thoroughly rinse implement in water		
	Place implement in EPA solution		
	Wash hands before removing implement		
	Rinse implement in water		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
29. Spray Disinfection process followed (metal implements, clippers)	Remove foreign matter		
	Wash hands		
	Spray implement until totally saturated with EPA solution		
30. No formaldehyde vapor nor ultra-violet ray treatment procedures used in lieu of immersion/spray disinfection			
BLOOD SPILL PROCEDURES			
31. Client injury procedure followed			
32. Licensee injury procedure followed			
33. No Styptic pencils used			
PRODUCTS			
34. Liquids, creams, etc kept in clean closed containers			
35. Original bottles have original manufacturer labels			
36. All product bottles labeled			
37. Product removed with spatula, scoop, pump, etc			
SUPPLIES & MATERIALS			
38. Neck strips/clean towel used under cape – sanitized or disposable cape (1per client) may be used in lieu of these			
39. Non-disinfectable supplies/implements are disposed of in covered waste receptacle with plastic liner after each use (Q-tips, sponges, cotton balls, neck strips, etc)			
40. No non-washable or non-disinfectable dusters/brushes used (sable/fabric)			
HAIR REMOVAL WAX			
41. Wax removed from machine with clean applicator			
42. Wax machine clean			

**INSPECTION RATING:**     SATISFACTORY     UNSATISFACTORY

Date of Self-Inspection: \_\_\_\_\_      Signature of Salon Owner or Manager: \_\_\_\_\_

**THIS INSPECTION REPORT MUST BE POSTED FOR PUBLIC VIEWING**

