

COSMETOLOGY AND ESTHETIC SALON REQUIREMENTS and INFORMATION

REQUIREMENTS:

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 licensee and 50 additional square feet for each additional licensee.
3. Restroom facilities within the salon that are for salon use only. If you are considering having a salon in your home, there must be a dedicated restroom in the salon and another restroom for family use. A commercial location may use public restrooms.
4. A home salon is allowed one connecting door for the licensee's use only for passage from the home to the salon.
5. If licensed cosmetologists provide nail services, they must follow the Nail Technology Sanitation and Safety Regulations in addition to Cosmetology salon sanitation regulations.

APPLICATION: Before a salon can operate, an application, self-inspection, sketch of the salon, proof of liability insurance, and fee of \$150 must be submitted, and the application approved by the Department.

SKETCH: Your sketch must show the **TOTAL** square footage and the **following**:

<ul style="list-style-type: none">• All entrances and exits• restroom facilities	<ul style="list-style-type: none">• reception area• storage area	<ul style="list-style-type: none">• equipment (such as sinks/stations), and• dispensary or sanitizing area
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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.

HOME SALONS: For a **home salon**, show the connecting door from the salon 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 areas 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.

BARBER AREA: A cosmetology salon and barber shop may occupy the same location but each area must be distinct and the barber area must be identified by a sign stating 'barber area or barber shop'. 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 cosmetology 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 salon, please be **very** detailed in showing each area, labeling them "cosmetology" or "barber", and the amount of square footage allowed for the cosmetology salon.

OTHER INFORMATION: If you are building or remodeling a home salon, you **may** submit a sketch for pre-evaluation **before** any construction begins. We suggest you 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.

MASSAGE AREA: You are not required to have a separate establishment license for a massage area within a licensed cosmetology salon. For more information regarding massage licensing, please contact 402-471-2117.

NAIL TECHNOLOGY: A separate nail technology salon license is not 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 name of the cosmetology salon, 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.

ALCOHOL WITHIN A SALON: Effective July 19, 2018, salons can serve intoxicating beverages to clients if the salon desires to do so and if the salon **has a permit through the Nebraska Liquor Control Commission**. *This change does not apply to Barber shops, mobile salons, or schools and does not allow licensees or employees to use or consume intoxicating beverages upon the salon premises.* **NOTE: Before providing alcohol** to your clients, you must meet all requirements of the Nebraska Liquor Control Commission, obtain a permit through this commission, and meet any city ordinances if applicable. The Nebraska Liquor Control Commission web site is: <https://lcc.nebraska.gov> and phone number: 402-471-2735 or 402-471-4885 or 402-471-2896.

Licensure Unit
 301 Centennial Mall South
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986
 (402-471-4977 dhhs.licensure2117@nebraska.gov)

**APPLICATION
 COSMETOLOGY or ESTHETIC SALON**

For Office Use Only

License #:
 Issued:
 Expires:

FEE: \$150

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

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment.
 Payment is processed upon receipt.
 We are unable to accept electronic payments.

Check the type of Salon:

- Cosmetology Salon**
 Esthetics Salon

Check Below the Additional Information that Applies to THIS Salon:

- 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): _____

If known, please list the previous salon name: _____

SECTION A: SALON INFORMATION

1	Name of Salon:			
2	Salon Address:	Street/PO/Route:		
		City:	State:	Zip:
		NOTE: If the establishment is not identified by a street address, please provide directions.		
3	Salon Telephone #:			
4	Number of Licensees to be Working at the Salon at the Same Time:			
5	What is the Square Footage of the Salon?			
6	Anticipated Opening Date: (NOTE: Applications must be submitted 30 days prior to the opening date)			

You must attach the following documents:

1. A **sketch** of this salon
2. The **self-inspection report (attached to this application starting on page 5)**
3. A copy of the **minimal property damage, bodily injury and liability insurance** coverage for this salon.

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 Neb. Rev. Stat. 38-1078 through 38-1090 for salon license and operating requirements.

SECTION B: OWNER INFORMATION

Check the type of owner of this business

<input type="checkbox"/>	Sole Proprietorship (sole owner)
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Limited 1 liability company that has only one member
<input type="checkbox"/>	Limited liability company that has more than one member
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Governmental Unit
<input type="checkbox"/>	Other: Identify Type _____

Complete the following section if the salon is owned by a sole owner or partnership:

SOLE OWNER OR PARTNERSHIP:

1	Full name of the Business Owner(s) or Partners:	Name:	Date of Birth:		
		Name:	Date of Birth:		
2	Address of the Business Owner(s):	Street/PO/Route:			
		City:	State:	Zip:	
3	If the applicant is a sole owner , 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)		

CONVICTION INFORMATION: If **SOLE Owner or Partnership**; You **must list ALL** misdemeanor or felony convictions (regardless of when they occurred); you are **NOT** required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone **402-471-0175**.

Complete the following section if the salon is owned by a corporation, limited liability or government unit: 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 C: PRACTICE PRIOR TO CREDENTIAL
An individual who operates a salon prior to issuance of a license 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 license.

1	Have YOU operated this salon at this address in Nebraska without a NEBRASKA salon license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have YOU operated this salon at this address in Nebraska after the expiration date of your salon license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer yes to either question above, what are the number of days you operated the salon:		# of days: _____

SECTION D: APPLICATION ATTESTATION

If you are the SOLE OWNER OF THE SALON, you must complete the following:

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 (check **ONE** of the boxes below), I attest that:
(check only **ONE** of the boxes below)

I am a citizen of the United States.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

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.

THIS APPLICATION MUST BE signed by the individual(s) listed below and dated:

1. By the sole owner, partners, or the only member of a limited liability company that has only one member.
2. Limited Liability Company: by 2 of its members
3. Corporation: by 2 of its officers
4. Governmental unit having jurisdiction over the business: by the head of the governmental unit
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

Signature of Owner/Representative as listed above

Date

Signature of Owner/Representative as listed above

Date

Each salon license issued will automatically expire upon any change of owner or address. An original application for a nail technology salon license must be submitted and approved before the salon may reopen for business.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health – Licensure Unit
 P.O. Box 94986 - Lincoln, NE 68509-4986
 Phone: (402) 471-2117
 E-mail: dhhs.licensure2117@nebraska.gov

SELF-INSPECTION COSMETOLOGY or ESTHETICS Salon Sanitation Inspection Report

SALON INFORMATION:

Establishment Type:	<input type="checkbox"/> Cosmetology Salon		
	<input type="checkbox"/> Esthetics Salon		
Name of Salon:			
Salon Address:			
City/State/Zip:			
Name of Owner:		Salon Telephone#:	

You must mark Yes or No in the below section, if you mark YES in any of the areas (A-M), this is an **automatic failure** on the inspection.

AUTOMATIC UNSATISFACTORY RATING is determined if a YES is marked in any of the following:	YES	NO
(A) Do you have Credo blades and other implements used for cutting nail beds, corns, or calluses?		
(B) Do you have Products containing methacrylate monomers?		
(C) Do you use Nail dusters on customers?		
(D) Do you have Styptic pencils?		
(E) Do you use Coarse nail drill bands?		
(F) Do you have Cabinet fumigants?		
(G) Do you provide Nail services using fish or other living creatures?		
(H) Do you use individual client implement containers?		
(I) Do you allow Smoking or vaping on the clinic floor, or any area where salon products or chemical supplies are used or stored?		
(J) Do you allow licensees to use or consume intoxicating beverages?		
(K) Do you allow or have unlicensed persons, or credential holders with an expired or inactive license, who are or will be providing cosmetology or esthetic services?		
(L) Is the currently Unlicensed?		
(M) Do you use Ultraviolet light or isopropyl alcohol or hydrogen peroxide as disinfection methods?		

INSPECTION RATING AND SIGNATURE:

Date of Self Inspection: _____ Self Inspection Rating: <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	I COMPLETED this Self-Inspection Report and all information is true, complete, and accurate. _____ Signature of Salon Representative
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THIS INSPECTION REPORT MUST BE POSTED FOR PUBLIC VIEWING

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

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

EQUIPEMENT AND MATERIALS			IMMERSION DISINFECTION		
1. Nail dusters or hand dusters are NOT used			21. Foreign matter removed.		
2. Nail buffers are properly disinfected between clients.			22. Hands washed with liquid soap and water or instant hand sanitizer.		
3. Manicure brushes made of plastic or nylon, are disinfected after each use.			23. Implements washed with hot water and soap.		
4. Client hand supports have plastic or vinyl coverings.			24. Implements rinsed after washing.		
5. Disinfection containers are deep enough to fully immerse implements and tools and are available for disinfecting implements and tools.			25. Implement placed in a disinfectant.		
6. If providing nail technology services, a trash container is located at each station			26. Disinfectant solution is deep enough to completely cover implements.		
7. Dry use implements made of materials that melt when wet, such as wood or cardboard and nail drill disposable bands are discarded in a closed waste receptacle immediately after use.			27. Implements stay in the disinfectant solution for the full contact time as listed on the manufacturer's label.		
8. When providing cosmetology or esthetic services, disinfected brushes, such as plastic, nylon, sable, or natural hair when used, are sanitized between clients in accordance with the manufacturer's instructions.			28. Disinfectants are disposed of at the end of the day and fresh disinfectant made at the beginning of each work day. If the disinfectant becomes contaminated or cloudy, it is changed immediately.		
9. When providing cosmetology services, neck strips or a clean towel are used under a cape in order to prevent the cape. A sanitized or disposable cape, 1 per client, may be used in lieu of neck strips or towels.			29. Before removing the disinfected implements, hands are washed with liquid soap and water or instant hand sanitizer.		
10. Supplies and implements which come in direct contact with a client and cannot be disinfected, such as cotton pads, cotton balls, paper neck strips, orangewood sticks, pads, "Q-tips", sponges, and other similar items, are disposed of in a covered waste receptacle, with a plastic liner, immediately after use.			30. Air-dried on a sanitary surface for at least 10 minutes, dried with a clean towel, or with an electric air sanitizer.		
11. A first aid kit is available.			31. Stored in a clean enclosed cabinet or covered container reserved for clean implements.		
DISINFECTANT MIXING, DISPOSAL, AND LABELING			SPRAY DISINFECTION		
12. All disinfectants are mixed as directed on the manufacturer's label.			32. Foreign matter is removed.		
13. If disinfectant becomes contaminated or cloudy, it is discarded immediately.			33. Hands are washed with liquid soap and water or instant hand sanitizer.		
14. Disinfectant containers are covered at all times and large enough to completely cover all implements and tools, including the handle, that are placed in the container.			34. Implements are sprayed and totally saturated with a disinfectant.		
15. A manufacturer's label for all disinfectant concentrate is available at all times. If a concentrate bottle is emptied, it is available until a new bottle is obtained.			35. The disinfectant remains in full contact with the implement as listed on the manufacturer's label.		
16. When mixed disinfectant concentrate is placed in a secondary container such as a spray bottle, tub or jar, that container is labeled to indicate what chemical is in the container.			DISINFECTANT WIPES		
17. Disinfectants are disposed of in accordance with all local, state and federal standards.			36. Steps 21-24 and 30-31 for Immersion are followed		
BLOOD SPILL PROCEDURE			37. Surfaces wiped and remain visibly moist for the contact time listed on the label. When using a wipe to clean and a second wipe to disinfect, steps 23 and 24 are not required.		
18. Client injury procedure followed.			METAL IMPLEMENTS		
19. Licensee/Student injury procedure followed.			38. All metal implements are immersed in a disinfectant following IMMERSION procedures except that nail tip cutters may be sprayed with a disinfectant.		
20. No Styptic pencils used.			AUTOCLAVE		
			39. If using an autoclave, follows manufacturer's instructions. Autoclaves are cleaned and serviced at the frequency recommended by the manufacturer.		
			ELECTRICAL APPLIANCES		
			40. Electrical appliances such as drills, electric files, airbrush machines, polish dryers, gel lights, footbaths, foot spas, paraffin wax warmers, clippers, blow dryers, thermal curling irons, microdermabrasion machines, facial machines, and similar portable electric powered appliances are clean. Disinfection process included: (A) Removing all foreign matter. (B) Spraying with a disinfectant or use a disinfectant wipe. (C) Wiping dry with a clean towel.		

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

EMPLOYEE IDENTIFICATION		
41. Each employee providing services has a government-issued or state-issued photo identification card or document for viewing by Department inspector.		
LICENSEE & STUDENT HAND CLEANLINESS		
42. Hands are washed thoroughly with liquid soap and water or an instant hand sanitizer before serving each client. If wearing gloves during a service, is free of tears or holes and gloves changed upon contamination.		
CLIENT HAND CLEANLINESS		
43. If client receiving nail technology services, every client thoroughly washes hands with liquid soap and water or an instant hand sanitizer before receiving services.		
WATER		
44. Has hot and cold running water.		
SAFETY		
45. Floors, floor coverings, walls, woodwork, ceilings, furniture, fixtures, and equipment are clean and in good repair.		
46. Floors clean & free of unsafe objects/uneven surfaces.		
47. Doors, stairways, passageways, aisles, or other means of exit are safe and provide adequate access.		
48. Electrical appliances clean and safe/no bare wires (blow dryer, curling iron, clippers, wax machines, etc).		
49. Water or product spills on the floor are removed immediately and the floor dried.		
RESTROOM FACILITIES		
50. Toilets and sinks are clean and operational.		
51. Suitable holders for toilet paper are in restroom.		
52. There is an adequate supply of toilet paper.		
53. There is a clean waste receptacle.		
54. There is a Sink with hot and cold running water.		
55. There is Liquid soap.		
56. There is a Single-use disposable towels/appropriate clean holder or electric hand dryer.		
TABLES AND CHAIRS		
57. Tabletops are disinfected immediately following each client.		
58. Nail stations & client chairs are disinfected @ end of day		
LAUNDRY FACILITIES (If have laundry facility)		
59. Is Clean, including washer and dryer.		
60. There is a Receptacle to store soiled towels.		
CHEMICAL STORAGE		
61. Flammable and combustible chemicals are stored away from potential sources of ignition (open flame/electrical).		
62. Stored in closed bottles/containers and labeled.		
STORAGE UNITS		
63. Cabinets, drawers, containers used for storage of implements and towels are clean.		
SUPPLIES AND IMPLEMENTS		
64. Unused supplies are stored in a clean, closed container or drawer.		
65. Used or soiled disposable supplies are discarded immediately in a clean, closed waste receptacle with a plastic liner.		
66. Implements used on a client or soiled are placed in a properly labeled covered receptacle until disinfected		
67. Disinfected implements are stored in a clean closed container or drawer until used.		

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

TOWELS AND LINENS		
70. Used or soiled cloth towels and linens are NOT used again until laundered and dried.		
71. Containers for used linens are covered and have vented sides to reduce the growth of pathogens. Containers used for soiled linens are disinfected weekly with disinfectant sprays or wipes.		
72. Clean cloth towels and linens are stored in a clean, covered container, drawer, or cabinet until used.		
73. Disposable towels are discarded in a covered waste receptacle immediately following each service.		
74. Towels used in towel warmers are washed and dried at end of the day and stored overnight in a clean, covered, closed container.		
75. If use hot steamed towels the following applies: (i) Towel warmers are disinfected daily with a disinfectant wipe or spray; (ii) Towels used in a warmer are washed with detergent and bleach and dried using a hot dryer setting. (iii) Licensees preparing towels for the warmers first wash their hands or wear gloves. (iv) Wet towels used in services are prepared fresh each day. At the end of the day, unused steamed towels are removed and laundered.		
76. If use towel warmers, they are left open overnight to allow unit to dry completely.		
PRODUCTS		
77. Artificial nails or nail enhancements are removed in accordance with manufacturer's directions.		
78. When only a portion of the product, except for nail polish, is used on a client, the product is removed from the container by a spatula, scoop, spoon, or dropper		
79. All liquids, cosmetics, creams, gels, pastes, powders, and other products are kept in clean, closed containers.		
80. Original product bottles and containers have an original manufacturer label.		
81. If a product is poured into another container, such as a shaker, dispenser pump container, or spray container, the container is labeled to identify the product. Dappen or acrylic liquid dishes do not need labeling.		
SAFTY DATA SHEETS (SDS)		
82. SDS for every product for cosmetology/esthetic client services, and for every disinfectant, are accessible at all times to all employees either by paper or electronically.		
PARAFFIN WAX (CLIENT HANDS AND FEET)		
83. When used on one client is NOT re-melted and used on another client.		
84. Is removed from the machine with a clean, single-use applicator.		
85. Paraffin wax machine is clean.		
86. Is portioned out for each client in a bag or other container, or dispensed in a manner that prevents contamination of the unused supply. All portions used on a client are disposed of immediately following use.		

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

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

			WAX (HAIR REMOVAL)		
68. Used product application brushes are cleaned and stored in a clean closed container after each client.			87. Wax used on one client is NOT re-melted and used on another client.		
69. Tools and implements are NOT placed in or on clothes, aprons, pockets, bags, or holsters, or worn by the licensee, and do NOT come into contact with surfaces that have not been disinfected.			88. Wax is removed from the machine with a clean single-use applicator.		
			89. The wax machine is clean.		

PIPED AND PIPELESS FOOTBATHS AND FOOT SPAS		
AFTER PEDICURES		
90. Water is drained from the basin.		
91. All debris is removed from the basin and components, and the top and bottom of the footplate, knobs and screen. Low-sudsing soap or detergent and a non-abrasive brush used. Removed all visible residue from the inside of the basin and all other components.		
92. For pipeless footbaths and foot spas, components, screen, surfaces and basin are cleaned with a disinfectant. Let stand for at least 10 minutes following the manufacturer's recommendations.		
93. For piped footbaths, foot spas, or portable circulating footbaths, the basin is filled with water and a disinfectant and circulated. The disinfection solution goes everywhere the water was and stay there for at least 10 minutes.		
94. The basin and components are rinsed again with clean water.		
95. The basin and all other components are thoroughly with a clean towel.		
AFTER PEDICURES USING A DISPOSABLE LINER		
96. Replaced the liner with a new liner for each client.		
97. Any time the base of the footbath or foot spa becomes contaminated, the liner is replaced immediately and the footbath or foot spa disinfected.		
AT THE END OF THE WORK DAY FOR PIPED FOOTBATHS AND FOOT SPAS		
98. Water drained from the basin.		
99. All debris removed from the basin and components, and the top and bottom of the footplate, knobs and screen. Low-sudsing soap or detergent and a non-abrasive brush used. Removed all visible residue from the inside of the basin and all other components.		
100. Basin filled with water and a disinfectant and cleaned in accordance with manufacturer's disinfecting procedures. Water and disinfectant sat in the tub for 6-10 hours, then basin drained.		
101. Basin filled with clean water and circulated for 5 minutes; basin drained.		
102. Basin and components rinsed with clean water using the sprayer and dried with a clean towel.		

DOCUMENTS & SQUARE FOOTAGE		
103. Rules of Sanitation Posted (If licensed as a school)		
104. Most Recent Inspection Report Posted		
105. Barber Area Clearly Identified		
106. There is Adequate Square Footage for Number of Employees (150 for 1 license and 50 square foot each additional)		
HOME SERVICES KITS (If Licensed as Home Service)		
107. Home service kits are available for inspection at the salon or at the home of the client receiving services.		
108. Kits and all products in the kit are maintained in a sanitary condition.		
109. Contains items required for the service being provided.		
110. Towels or linens stored in the kit must be in a clean, dust-proof, and waterproof container.		
111. Used and soiled towels or linens must be placed in a leak-proof container for transport to the laundering site.		
112. Licensees must use the disinfectant methods described in 172 NAC 34-014 following the service.		

