

## 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"> <li>• All entrances and exits</li> <li>• restroom facilities</li> </ul>	<ul style="list-style-type: none"> <li>• reception area</li> <li>• storage area</li> </ul>	<ul style="list-style-type: none"> <li>• equipment (such as sinks/stations), and</li> <li>• dispensary or sanitizing area</li> </ul>
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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 will be able to 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 (Brenda) or 402-471-4885 Hannah or 402-471-2896 Tracy.



**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 <b>more than</b> 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:					
2	Address of the Business Owner(s):	Street/PO/Route:				
		City:	State:		Zip:	
3	If the applicant is a <b>sole owner</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)	

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

**SELF-INSPECTION  
COSMETOLOGY or ESTHETIC SALON**

Licensure Unit  
P.O. Box 94986 Lincoln, Nebraska 68509  
(402) 471-2117 [dhhs.licensure2117@nebraska.gov](mailto:dhhs.licensure2117@nebraska.gov)

Salon Name: _____	
Address: _____	
City: _____	
Owner: _____	Tel#: _____

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

STRUCTURE				DISINFECTION & DISINFECTANT SOLUTION STORAGE			
1. Walls, Ceiling & Furniture clean & in good repair				27. Disinfectant Solution	Solution covered at all times		
2. Lighting clean/safe/in working order				Name of Disinfection:	Manufacturer's mixing directions followed		
3. Floors clean & free of unsafe objects/uneven surfaces					Changed when visibly cloudy/dirty and at least once per week		
4. Windows clean and safe					Solution is EPA registered		
5. Ventilation System and/or Fans							
				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 instead of immersion/spray disinfection			
STORAGE				BLOOD SPILL PROCEDURES			
7. Flammable/combustible chemicals stored away from potential sources of ignition				31. Client injury procedure followed			
8. Chemicals stored in closed bottles/containers				32. Licensee injury procedure followed			
9. Cabinets, drawers, containers used for storage of <b>Implements/towels are clean</b>				33. No Styptic pencils used			
10. Unused supplies are stored in clean, enclosed container/drawer				PRODUCTS			
11. Implements that have not been used on a client/soiled are placed in a labeled covered container until disinfected				34. Liquids, creams, etc kept in clean closed containers			
TOWELS				35. Original bottles have original manufacturer labels			
12. Cloth towels deposited in closed receptacle after use				36. All product bottles labeled			
13. Used/soiled towels not used again until properly laundered and sanitized				37. Product removed with spatula, scoop, pump, etc			
14. Disposable towels discarded in closed waste receptacle with a plastic liner immediately after use				SUPPLIES & MATERIALS			
RESTROOM				38. Neck strips/clean towel used under cape OR sanitized or disposable cape (1per client) may be used			
15. Chemicals (except deodorizers) in locked cabinets				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)			
16. Clean and operational toilet and sink				40. No non-washable or non-disinfectable dusters or brushes used (sable/fabric)			
17. Suitable holders for toilet paper				HAIR REMOVAL WAX			
18. Clean waste receptacle, with disposable plastic liner				41. Wax removed from machine with clean applicator			
19. Hot and cold running water				42. Wax machine clean			
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							

<p><b>UNSATISFACTORY RATING</b> is determined by:</p> <p>8 or MORE <b>No's</b> in Column A, items # 1-26 5 or MORE <b>No's</b> in Column B, items #27-42</p>	<p><b>AUTOMATIC UNSATISFACTORY RATING</b> is determined if a <b>YES</b> is marked in any of the following:</p>																								
<p><b>Date of Inspection:</b> _____</p> <p>Inspection Rating:</p> <p><input type="checkbox"/> <b>SATISFACTORY</b>   <input type="checkbox"/> <b>UNSATISFACTORY</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">A. Licensee consuming Intoxicating Beverages on premise</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td>B. Pets in Establishment (aquariums/guide animals acceptable)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>C. Unlicensed persons providing services</td> <td></td> <td></td> <td></td> </tr> <tr> <td>D. Unlicensed Establishment</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E. Inspector Denied Access to all salon areas, personnel, records</td> <td></td> <td></td> <td></td> </tr> <tr> <td>F. Establishment in an Inoperable Condition (i.e. remodeling)</td> <td></td> <td></td> <td></td> </tr> </table>	A. Licensee consuming Intoxicating Beverages on premise				B. Pets in Establishment (aquariums/guide animals acceptable)				C. Unlicensed persons providing services				D. Unlicensed Establishment				E. Inspector Denied Access to all salon areas, personnel, records				F. Establishment in an Inoperable Condition (i.e. remodeling)			
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