

**APPLICATION  
 NAIL TECHNOLOGY SALON**

**For Office Use Only**

License #:  
 Issued:  
 Expires:

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

**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 Below the Additional Information that Applies to THIS Salon:**

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

**PLEASE PRINT OR TYPE**

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

**You must attach the following documents:**

1. A **sketch** of this salon
2. The **self-inspection report**
3. A copy of the **minimal property damage, bodily injury and liability insurance** coverage for this salon.

**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)					

<b>SECTION C: PRACTICE PRIOR TO CREDENTIAL</b>	
If you operate a salon prior to issuance of a nail technology salon license, you are 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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
2	Have <b>YOU</b> operated this salon <b>at this address</b> in Nebraska after the expiration date of your salon license? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
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

**I/We further attest that:**

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

_____ Signature of Owner/Representative	_____ Date
_____ Signature of Owner/Representative	_____ 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  
NAIL TECHNOLOGY Services  
Sanitation Inspection Report**

Licensure Unit  
P.O. Box 94986 - Lincoln, NE 68509-4986

Name: _____	
Address: _____	
_____	
Owner: _____	Tel#: _____

Column A:	Yes/No		Column B:	Yes/No	
<b>STRUCTURE</b>			<b>NAIL STATION</b>		
1. Walls, Furniture & Ceiling clean & in good repair			27. Table	Clean and disinfected after each client	
2. Lighting clean/well light & in working order				Good Repair	
3. Floors clean & free of unsafe objects/uneven surfaces				Filter vent clean	
4. Windows clean and safe				Client hand supports vinyl/plastic & clean	
5. Ventilation System and/or Fans	a. Fan clean		28. Client Chair clean and safe		
	b. Ceiling vents clean		29. Nail Technician Chair clean and safe		
	c. System/Fan Safe		30. Waste Receptacle	1 per station	
	d. Ventilation/open window/fan			Clean, closed and has plastic liner	
	e. Air set "ON" or "continuous"		31. Wet Sanitizer Container	1 per establishment	
6. Electrical Implements clean and safe/no bare wires (gel light, electric drill, air brush, etc)				Outside clean and container closed	
<b>LAUNDRY FACILITIES</b>			<b>INDIVIDUAL CLIENT CONTAINERS</b>		
7. Clean, including washer & dryer			33. Labeled with client's name		
8. Closed receptacle for storing soiled towels			34. Files, orange wood sticks, implements sanitized		
9. Used for establishment laundry only/no personal items			35. Container clean		
<b>TOWELS</b>			<b>PRODUCTS, SUPPLIES &amp; MATERIALS</b>		
10. Cloth towels deposited in closed receptacle after use			36. Liquids, creams, etc kept in clean closed containers		
11. Disposable towels discarded in closed waste receptacle after use			37. Original bottles have original manufacturer labels		
12. Clean towels stored in a clean, enclosed, dust-proof container			38. All product bottles labeled (exception: dappen dishes)		
<b>RESTROOM</b>			39. Product removed with spatula, scoop, pump, etc		
13. Chemicals (except deodorizers) in locked cabinet			40. Cuticle oil dispensed with eye dropper-no client contact		
14. Toilet paper holders & adequate supply of toilet paper			41. Uses only washable/disinfectable hand/nail dusters		
15. Clean waste receptacle			42. Does not use chamois buffers or course nail drill bands		
16. Hot and cold running water / clean sink			43. Manicure brushes disinfected after each use		
17. Liquid soap			44. Non-disinfectable supplies and implements disposed		
18. Single-use disposable towels / holder clean			<b>STORAGE</b>		
19. Clean toilet			45. Cabinets/drawers/containers used for storage of implements and towels are clean		
<b>HANDWASHING FACILITIES</b> - is required if no sink in restroom or only have public restroom			46. Clean linen stored in enclosed, dust-proof containers		
20. Hot and cold running water			47. Used Implements are NOT in container with clean		
21. Clean cloth or disposable towels			48. Used/soiled implements in labeled covered container		
22. Clean towel holders			49. Sanitized implements stored in clean closed container		
23. Liquid soap			50. Flammable/combustible chemicals stored away from Potential sources of ignition		
24. Clean waste receptacle			<b>FOOTSPAS/PARAFFIN WAX</b>		
<b>HAND CLEANLINESS – LICENSEE/CLIENT</b>			51. Footspa/footbath clean & disinfected after each use		
25. Licensee washes/sanitizes hands before service			52. Wax machine clean inside & outside/wax not re-used		
26. Client washes/sanitizes hands before service					

<p><b>UNSATISFACTORY RATINGS</b> is determined by: 8 or More <b>No's</b> in Column A, items # 1-26 5 or More <b>No's</b> in Column B, items #27-52 5 or More <b>No's</b> in Column C, items #53-62</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>	<p style="background-color: #ffffcc;"><b>YOU WILL RECEIVE AN AUTOMATIC UNSATISFACTORY</b> if a <b>YES</b> is marked in any of the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">Y</th> <th style="width: 15%; text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>A. Credo Blades/implements used for cutting Nail Beds, Corns, or Calluses</td> <td></td> <td></td> </tr> <tr> <td>B. Pets in Establishment -aquariums/guide animals acceptable</td> <td></td> <td></td> </tr> <tr> <td>C. Unlicensed Nail Technicians</td> <td></td> <td></td> </tr> <tr> <td>D. Unlicensed Establishment</td> <td></td> <td></td> </tr> <tr> <td>E. Denied Access to all Salon areas, Personnel, Records</td> <td></td> <td></td> </tr> <tr> <td>F. Establishment in an Inoperable Condition (i.e. remodeling)</td> <td></td> <td></td> </tr> <tr> <td>G. MMA Found in Establishment</td> <td></td> <td></td> </tr> <tr> <td>H. Unlicensed practice (massage, waxing, facials, etc)</td> <td></td> <td></td> </tr> <tr> <td>I. Intoxicating Beverages/Controlled Substance on premise</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	A. Credo Blades/implements used for cutting Nail Beds, Corns, or Calluses			B. Pets in Establishment -aquariums/guide animals acceptable			C. Unlicensed Nail Technicians			D. Unlicensed Establishment			E. Denied Access to all Salon areas, Personnel, Records			F. Establishment in an Inoperable Condition (i.e. remodeling)			G. MMA Found in Establishment			H. Unlicensed practice (massage, waxing, facials, etc)			I. Intoxicating Beverages/Controlled Substance on premise		
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