



Salon License Application

Use this form if you are opening a new salon, changing the location of a salon or taking over ownership of an existing salon.

Directions:

- Mail the completed application to the address above **prior** to opening or taking over ownership of a salon (21 NCAC 14H.0501).
- An email confirmation will be sent upon receipt of the application.
- Salon construction must be completed, all equipment installed and ready for use on opening date.
- A physical inspection will occur during your listed business hours within 30-45 days **after** the opening or ownership change date.
- You will not be notified prior to the inspection. The salon license will arrive approximately 2-3 weeks after the inspection.
- **Fees are: \$25 registration + \$10 processing + \$3 per chair operating in the salon.**
- Review Subchapter H .0201-.0505 under Board Rules at: www.nccosmeticarts.com/board/RulesandRegulations.aspx.
- You are responsible for compliance with all Board law, rules and regulations.

Salon Information

Salon Name: _____ Number of Chairs _____

Opening Date or Date of Ownership Change: _____

Location Address

Number and Street _____ City _____ State _____ Zip _____

County _____

Mailing Address

Number and Street _____ City _____ State _____ Zip _____

Salon Phone Number: (_____) _____ - _____ Salon Email _____

Salon Work Days (circle all that apply): Sun Mon Tues Wed Thurs Fri Sat

Salon Hours: _____

Directions/Landmarks:

Owner Information

Owner Name: _____

Social Security Number ____ - ____ - ____

License Number (if licensed by this agency) _____

Home Number (_____) _____ - _____

Cell Number (_____) _____ - _____

Email _____

Owner Name: _____

Social Security Number ____ - ____ - ____

License Number (if licensed by this agency) _____

Home Number (_____) _____ - _____

Cell Number (_____) _____ - _____

Email _____

On the above stated opening date, my salon will be ready for a site visit inspection. I understand if my shop is not ready within thirty (30) days of my above stated opening date, I will be required to file a new application and repay the application fee. All fees are non-refundable.

Owner's Signature _____ Date _____

Owner's Signature _____ Date _____

Payments by check or money order and made out to NC Board of Cosmetic Art Examiners.
Cash not accepted. *Exact fees only – all others will be returned (21 NCAC 14A .0404 (b))*