



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION TO OPEN A SATELLITE CLASSROOM OF COSMETOLOGY**

BOARD OF COSMETOLOGY AND BARBER EXAMINERS  
 PO BOX 1062  
 JEFFERSON CITY, MO 65102  
 TELEPHONE: (573) 751-1052

1. THIS APPLICATION IS FOR (CHECK)  
**A.  NEW SATELLITE CLASSROOM CAMPUS**      **B.  CHANGE OF OWNERSHIP OF SATELLITE CLASSROOM CAMPUS**

**2. INFORMATION OF THE SCHOOLS MAIN CAMPUS**

PRESENT NAME OF SCHOOL'S MAIN CAMPUS	SCHOOL LICENSE NUMBER MAIN CAMPUS
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PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

PRESENT OWNER'S NAME	TELEPHONE NUMBER
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**NEW SATELLITE CLASSROOM INFORMATION**

NAME OF SCHOOL (SATELLITE CLASSROOM)	SCHOOL TELEPHONE NUMBER
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SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	ANTICIPATED OPENING DATE
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PLEASE ATTACH TO THIS APPLICATION THE FOLLOWING:  
 a) Registration fee of \$300.00.  
 b) Sketch of the proposed facility's floor plan on enclosed grid, indicating approximate dimensions and square footage.  
 c) List of the proposed training supplies, by quantity and type.

**INSTRUCTOR(S) WHO WILL BE ON STAFF (IF ADDITIONAL INSTRUCTORS NEEDED, LIST ON SEPARATE SHEET WITH THE REQUIRED INFORMATION)**

LICENSE NO.	NAME	ADDRESS (STREET, CITY, STATE, ZIP)

**SUBSTITUTE - IF ONLY ONE INSTRUCTOR IS LISTED ABOVE, A SUBSTITUTE MUST BE ON STAFF AND LISTED BELOW.**

LICENSE NO.	NAME	ADDRESS (STREET, CITY, STATE, ZIP)

