



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION TO OPEN A SCHOOL

BOARD OF COSMETOLOGY AND BARBER EXAMINERS
 P.O. BOX 1062
 JEFFERSON CITY, MO 65102
 (573) 751-1052 OR 1-866-762-9432

1. THIS APPLICATION IS FOR (CHECK):

POST SECONDARY SECONDARY N/A

NEW SCHOOL CHANGE OF OWNERSHIP CHANGE OF LOCATION

2. INFORMATION ON THE EXISTING SCHOOL

PRESENT NAME OF SCHOOL	SCHOOL LICENSE NUMBER
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)	
PRESENT OWNER'S NAME	TELEPHONE NUMBER
IS THE EXISTING SCHOOL APPROVED FOR NATIONAL ACCREDITATION?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATE APPROVED: <input type="checkbox"/> N/A	
DOES THE EXISTING SCHOOL LICENSE, OR OTHER LICENSES CONNECTED THEREWITH, I.E., OWNERS, INSTRUCTORS, ETC., HAVE ANY VIOLATIONS, COMPLAINTS OR PROBATIONARY ACTION PENDING WITH THE BOARD OF COSMETOLOGY AND BARBER EXAMINERS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	

NEW SCHOOL AND OWNERSHIP INFORMATION

NAME OF SCHOOL		
SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)		
OWNER OF SCHOOL	COUNTY	SCHOOL TELEPHONE NUMBER
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		
ANTICIPATED SCHOOL OPENING DATE	NEW SCHOOL LICENSE NUMBER (OFFICE USE ONLY)	DATE SCHOOL INSPECTED FOR OPENING (OFFICE USE ONLY)

IF OWNED BY INDIVIDUAL

NAME OF OWNER	DATE OF BIRTH
SOCIAL SECURITY NUMBER	OPERATOR/INSTRUCTOR LICENSE NO. (IF APPLICABLE)
TELEPHONE NUMBER (HOME)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	

IF OWNED BY PARTNERSHIP (IF PARTNERSHIP CONSISTS OF MORE THAN TWO PARTNERS, LIST THOSE ON A SEPARATE SHEET)

PARTNER NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	OPERATOR/INSTRUCTOR LICENSE NO. (IF APPLICABLE)
TELEPHONE NUMBER (HOME)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	

PARTNER NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	OPERATOR/INSTRUCTOR LICENSE NO. (IF APPLICABLE)
TELEPHONE NUMBER (HOME)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	

IF OWNED BY CORPORATION

NAME OF CORPORATION	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	

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OFFICERS OF CORPORATION		
PRESIDENT NAME		TELEPHONE NUMBER (HOME)
SOCIAL SECURITY NUMBER	OPERATOR/INSTRUCTOR LICENSE NO. (IF APPLICABLE)	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		
VICE-PRESIDENT NAME		TELEPHONE NUMBER (HOME)
SOCIAL SECURITY NUMBER	OPERATOR/INSTRUCTOR LICENSE NO. (IF APPLICABLE)	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		
SECRETARY NAME		TELEPHONE NUMBER (HOME)
SOCIAL SECURITY NUMBER	OPERATOR/INSTRUCTOR LICENSE NO. (IF APPLICABLE)	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		
TREASURER NAME		TELEPHONE NUMBER (HOME)
SOCIAL SECURITY NUMBER	OPERATOR/INSTRUCTOR LICENSE NO. (IF APPLICABLE)	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		

LIST THE THREE (3) MAJORITY STOCKHOLDERS AND PERCENTAGE OF STOCK OWNED		
1. NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	% STOCK OWNED	TELEPHONE NUMBER
2. NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	% STOCK OWNED	TELEPHONE NUMBER
3. NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	% STOCK OWNED	TELEPHONE NUMBER

PLEASE ATTACH TO THIS APPLICATION THE FOLLOWING:

- a.) Registration fee; School of Cosmetology (**\$500**) School of Barbering (**\$500**) School of Cosmetology and Barbering (**\$850**)
- b.) Copy of proposed school contract and/or enrollment agreement;
- c.) Copy of proposed school rules;
- d.) Sketch of the proposed facility's floor plan on enclosed grid, indicating approximate dimensions and square footage;
- e.) List of the proposed training supplies, by quantity and type;
- f.) Detailed description of each course curriculum to be offered by the school, to include the number of clock hours assigned to each subject area;
- g.) If also seeking instructor training approval, a detailed description of the course curriculum, to include the number of clock hours assigned subject area;
- h.) Two or more personal character letters of reference for each applicant(s) (use only the standardized forms supplied by the Board).
- i.) Notarized affidavit of intent from each instructor confirming his/her employment with your school, to include anticipated starting date.

SCHOOL OWNER INFORMATION

HAVE YOU EVER OWNED OR DO YOU CURRENTLY OWN A COSMETOLOGY AND/OR BARBER SCHOOL IN THIS OR ANY OTHER STATE? IF YES, COMPLETE NAME OF SCHOOL AND DATE BELOW. YES NO

NAME OF SCHOOL	DATE OF OWNERSHIP
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HAVE YOU EVER OWNED OR DO YOU CURRENTLY OWN A COSMETOLOGY AND/OR BARBER SHOP IN THIS OR ANY OTHER STATE? IF YES, COMPLETE NAME OF SCHOOL AND DATE BELOW. YES NO

NAME OF SHOP	DATE OF OWNERSHIP
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ARE YOU NOW OR HAVE YOU EVER BEEN LICENSED BY A STATE BOARD IN ANY OTHER STATE? YES NO

STATE	TYPE OF LICENSE	NAME LICENSE UNDER	LICENSE NUMBER	LAST YEAR CURRENT

HAVE YOU EVER BEEN DISCIPLINED BY THIS OR ANY OTHER BOARD OF COSMETOLOGY AND BARBER EXAMINERS? IF YES, GIVE DATE, CHARGE AND PRESENT STATUS YES NO

DATE	CHARGE	PRESENT STATUS

HAVE YOU EVER BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN A CRIMINAL PROSECUTION IN THIS STATE, OR OF THE UNITED STATES, WHETHER OR NOT SENTENCE WAS IMPOSED? YES NO

NOTE: THIS INCLUDES SUSPENDED IMPOSITION OF SENTENCE, SUSPENDED EXECUTION OF SENTENCE, MISDEMEANOR AND FELONY CONVICTIONS, AND ALCOHOL RELATED OFFENSES, I.E. DWI AND BAC. CHECK YES IF NOT PREVIOUSLY DISCLOSED TO THIS BOARD AND PROVIDE THE DATE OF THE CONVICTION AND/OR PLEADING, NATURE OF THE OFFENSE, COURT LOCATION, AND CASE NUMBER ON A SEPARATE SHEET.

SCHOOL MANAGER INFORMATION

NAME OF MANAGER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP)	OPR/INS LIC. NO. (IF APPLICABLE)	TELEPHONE NUMBER (HOME)
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HAVE YOU EVER BEEN DISCIPLINED BY THIS OR ANY OTHER BOARD OF COSMETOLOGY AND BARBER EXAMINERS? IF YES, GIVE DATE, CHARGE, AND PRESENT STATUS. YES NO

DATE	CHARGE	PRESENT STATUS

HAVE YOU EVER BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN A CRIMINAL PROSECUTION IN THIS STATE, OR OF THE UNITED STATES, WHETHER OR NOT SENTENCE WAS IMPOSED? YES NO

NOTE: THIS INCLUDES SUSPENDED IMPOSITION OF SENTENCE, SUSPENDED EXECUTION OF SENTENCE, MISDEMEANOR AND FELONY CONVICTIONS, AND ALCOHOL RELATED OFFENSES, I.E. DWI AND BAC. CHECK YES IF NOT PREVIOUSLY DISCLOSED TO THIS BOARD AND PROVIDE THE DATE OF THE CONVICTION AND/OR PLEADING, NATURE OF THE OFFENSE, COURT LOCATION, AND CASE NUMBER ON A SEPARATE SHEET.

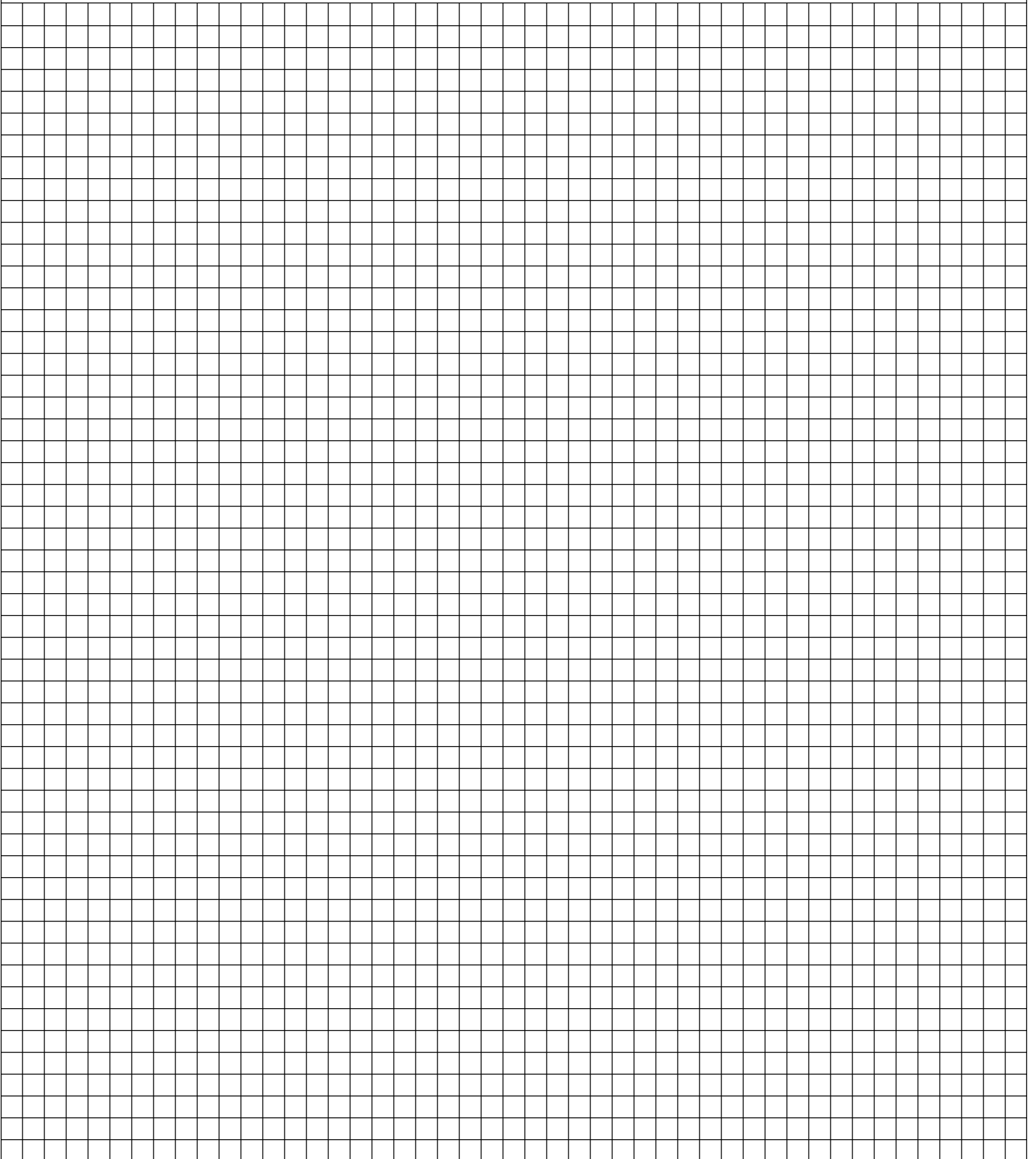
FLOOR PLAN GRID

THE AREA BELOW MUST BE USED FOR REQUIRED FLOOR PLAN SKETCH.

SQUARE FOOTAGE OF COSMETOLOGY SCHOOL (ONLY IF APPLICABLE)

SQUARE FOOTAGE OF BARBERING SCHOOL (ONLY IF APPLICABLE)

SCHOOL CAPACITY (MAXIMUM NUMBER OF STUDENTS)



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.

INDICATE WHAT COURSE(S) TO BE OFFERED BY SCHOOL:

<input type="checkbox"/> CLASS CA - HAIRDRESSING & MANICURING	<input type="checkbox"/> BARBER
<input type="checkbox"/> CLASS CH - HAIR DRESSING	<input type="checkbox"/> CROSSOVER TO BARBER
<input type="checkbox"/> CLASS MO - MANICURIST	<input type="checkbox"/> CROSSOVER TO COSMETOLOGY
<input type="checkbox"/> CLASS E - ESTHETICIAN	
<input type="checkbox"/> INSTRUCTOR TRAINING (IT)	

VIRTUAL EDUCATION: PURSUANT TO 20 CSR 2085-12.010 (18)

WILL THE COURSE(S) SELECTED TO BE OFFERED BY THE SCHOOL INCLUDE VIRTUAL EDUCATION? YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

- COURSE(S) UTILIZING THE VIRTUAL EDUCATION OPTION.
- BREAKDOWN OF THE THEORY AND PRACTICAL HOURS OF EACH COURSE TO BE OFFERED.
- TOTAL NUMBER OF THEORY HOURS THAT WILL BE OFFERED BY SYNCHRONOUS VIRTUAL EDUCATION. *(MAXIMUM 50 PERCENT OF TOTAL THEORY HOURS)*

INDICATE TIME SCHEDULE OF COURSES TO BE OFFERED

FULL-TIME		PART-TIME (DAY)		EVENING		INSTRUCTOR TRAINING	
FROM	TO	FROM	TO	FROM	TO	FROM	TO

INDICATE WHAT DAYS SCHOOL WILL BE OPEN:

<input type="checkbox"/> MONDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> FRIDAY
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> SATURDAY

WILL SCHOOL KEEP A RECORD OF THE DOCK HOURS ACQUIRED BY SUBJECT AREA FOR EACH STUDENT FOR A PERIOD OF NO LESS THAN FIVE (5) YEARS, AND ALLOW ANY REPRESENTATIVE OF THE BOARD OF COSMETOLOGY AND BARBER EXAMINERS TO INSPECT AND REVIEW THESE RECORDS? YES NO

AUTHORIZATION AND RESPONSIBILITY STATEMENT

AGREE N/A

I agree that the school will only admit as students those INDIVIDUALS who are past the age of compulsory attendance in public school and who obtain from the Board a post secondary student license. (Post Secondary Only)

Upon signing this application I hereby authorize the Board of Cosmetology and Barber Examiners or their representative to verify this application and conduct a background investigation. Pursuant to Section 329.140 RSMo, all information contained herein is true and correct to the best of my knowledge and belief. As the holder of a school license issued by the Board of Cosmetology and Barber Examiners I acknowledge that I have read, fully understand, and agree to abide by Chapter 329 of the Revised Statutes of Missouri, and all Rules and Regulations promulgated therefrom.

SIGNATURE MUST BE IN PRESENCE OF NOTARY ▶	OWNER SIGNATURE	DATE	
	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF _____ YEAR _____		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		
SIGNATURE MUST BE IN PRESENCE OF NOTARY ▶	OWNER SIGNATURE	DATE	
	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF _____ YEAR _____		
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	STATE	COUNTY (OR CITY OF ST. LOUIS)	
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	NOTARY PUBLIC NAME (TYPED OR PRINTED)		



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
PERSONAL CHARACTER LETTER OF REFERENCE

BOARD OF COSMETOLOGY AND BARBER EXAMINERS
 P.O. BOX 1062
 JEFFERSON CITY, MO 65102
 (573) 751-1052 OR 1-866-762-9432

TO THE REFERENCE:

The person who handed this reference letter to you has applied to this Board for registration as a school owner.

In addition to the other supporting documents, each applicant is required to submit letters of reference from individuals who are thoroughly familiar with applicant and who can and are willing to give conscientious and accurate testimony concerning an applicant's experience, competency and character.

We understand that you are familiar with the applicant's character, reputation, general ability and work with which applicant has been connected.

In light of the above, the Board solicits your assistance in determining the applicant's fitness for licensing by answering frankly, carefully and fairly the questions below, accompanied by any supplemental information that you care to supply.

You are requested to provide full information as to data you may be able to furnish, both for the advantage of the applicant and the welfare of the public.

We appreciate the time and effort you have expended to assist the Board.

When this form has been completed by the applicant's REFERENCE, enclose it in the accompanying envelope, SECURELY SEAL, and hand it to the applicant.

CONFIDENTIAL INFORMATION CONCERNING THE APPLICANT (CHARACTER REFERENCE)

APPLICANT NAME (FIRST, MIDDLE, LAST)

1. WHAT IS YOUR PROFESSION?

2. ARE YOU RELATED TO THE APPLICANT?

YES NO

3. DURING WHAT YEARS HAVE YOU KNOWN THE APPLICANT?

4. IS THE APPLICANT OF GOOD CHARACTER AND REPUTE?

YES NO

5. TO WHAT DEGREE ARE YOU FAMILIAR WITH THE APPLICANT'S EXPERIENCE?

6. WOULD YOU EMPLOY THE APPLICANT IN A POSITION OF TRUST AND RESPONSIBILITY?

YES NO

IF ANSWERED "NO", PLEASE EXPLAIN IN REMARKS SECTION BELOW.

REMARKS

SIGNATURE OF REFERENCE



DATE

ADDRESS

TELEPHONE NUMBER