

### Arizona Barbering & Cosmetology Board 1740 W Adams St• #4400 • Phoenix, AZ 85007

https://bcb.az.gov/ • 480-784-4539

### **Cosmetology School Application Checklist**

- **A.A.C. R4-10-201 (A)(1)(a)** Contact information: name, address, email address, federal tax identification number and phone number;
- **A.A.C. R4-10-201 (A)(1)(b)** Partnership information: each partners name, address and identification of whether each is a limited or general partner;
- **A.A.C. R4-10-201 (A)(1)(c)** Corporation information: the state of incorporation and name, title and address of at least two officers of the corporation and the statutory agent;
- **A.A.C. R4-10-201 (A)(1)(d)** Limited liability: name and address of each member, manager and statutory agent;
- **A.A.C. R4-10-201 (A)(1)(e)** Arizona school district or community college: office address of the school district or community college, number of the school district and name of the superintendent or name of the community college dean;
- **A.A.C.** R4-10-201 (A)(1)(f) the name under which the school will be operated as registered with the Arizona Secretary of State;
- **A.A.C. R4-10-201 (A)(1)(g)** License Instructor Information: the name and Board-issued license number of the instructor in charge of the school;
- A.A.C. R4-10-201 (A)(1)(h) Existing school: the date the applicant will be assuming ownership;
- **A.A.C. R4-10-201 (A)(1)(i)** New school: the scheduled date for opening the school (must be 30 days or more from the application date);
- A.A.C. R4-10-201 (2)(a) Copy of the partnership agreement for a partnership
- **A.A.C. R4-10-201 (2) (b)** copy of the articles of incorporation and a Certificate of Good Standing from the Arizona Corporation Commission for a corporation
- A.A.C. R4-10-201 (2) (c) Copy of the articles of organization for a limited liability
- **A.A.C. R4-10-201 (3)** A signed statement that the establishment has the equipment required by statute and rule for a school:
- A.A.C. R4-10-201 (4) An unexecuted student-school contract form, as required under A.R.S. § 32-558;
- **A.A.C. R4-10-201 (5)** An operating schedule that includes the hours of each day and each day of a calendar week during which the school will be open for instruction;
- A.A.C. R4-10-201 (6) A proposed schedule of course to be taught at the school;
- **A.A.C. R4-10-201 (7)** The name, address, email address and phone number of a bonding company, as required under A.R.S. § 32-551, and a copy of the bond;
- A.A.C. R4-10-201 (8) A copy of all school policies and procedures;
- **A.A.C. R4-10-201 (9)** School Catalog including the number of days during course enrollment necessary to complete the course hours, the days and hours of operation, vacation periods and holidays, policies regarding leaves of absence, refunds and vacation approval for students;



# **School License Application**

Type of school: (Cosmetology school only	Cosmetology r, if you are offering an ALL	Nail Technology course)	A	Aesthetics	Hair Styling			
	New Salon	Owner Change	Na	ame Change	Location Change			
Owner's Information								
First Name:		Last Name:						
Address:		City:		State:	Zip:			
Phone:	one: Work Phone:							
Social Security #: Federal ID #:								
Applicant is:	Individual	Partnership		Corporation	School District			
Have you ever applied for or owned a school?  Yes  No								
If yes, name of school:								
		Corporation Inf	ormatio	n				
If you are a corporation, please submit articles of incorporation.								
Do you have authority to do business in Arizona? Yes			Yes	No				
Officers:								
First Name:		Last Name:		Title	<b>:</b> :			
Address:	С	ity:	;	State:	Zip:			



# **Partnership Information**

Please list all partners; indicate g	eneral or limited and e	nclose a signed cop	y of the partnership agreement.
First Name:	Last Name:	Title:	
Address:	City:	State:	Zip:
First Name:	Last Name:		Title:
Address:	City:	State:	Zip:
	Bond Info	ormation	
Name of Bond Company:	Phone Number:		
Address:	City:	State:	Zip Code:
	School In	formation	
School Name:			
School Address:	City:	S	State: AZ Zip:
School Main Phone Number:		Website Address	:



School's Contact Email:							
Instructor in Charge:							
First Name:	Last Name:						
Instructor's Arizona License #:	Phone Number:						
Date of Proposed Opening:							
Date Assuming Ownership change if existing school:							
Additional Instructor Names and License #s:							

#### **School Requirements**

Does the proposed school provide the following requirements for the type of school to be licensed: (please refer to the Arizona Administrative Code at the end of this application).

A.A.C R4-10-206 Cosmetology School Requirements

A.A.C R4-10-206.1 Hairstyling School Requirements

A.A.C R4-10-208 Combined School Requirements

A.A.C R4-10-205 Aesthetic School Requirements

A.A.C R4-10-207 Nail Technology School Requirements

Number of Square Feet within the School Area:

Does the school's library contain the following:

Standard Dictionary

**Medical Dictionary** 

**Anatomy Charts** 

Three current periodicals on the art and science of cosmetology

Current cosmetology related instruction manuals or textbooks



# **Notary**

I hereby certify that my signature below verifies that the information provided for this application is true and correct to the best of my knowledge and I understand the laws and rules of the Arizona Barbering and Cosmetology Board.

Printed Name

Date

Owner's Signature

<b>o</b>						
Subscribed and sworn to bef	fore me this	day of .				
Notary Public						
Pursuant to A.A.C. R4-10-20 and rule for the operation of	. , . , . ,	stablishment has the equipment requ	red by statute			
Pursuant to A.A.C. R4-10-201 (D) I attest that within five days after a change occurs during the license year, I shall submit to the Board a subject description of any new course; the name of any new statutory agent; a description of a change to the catalog or school policies, procedures, or hours of operation, a copy of the student-school contract, or a copy of the bond.						
_	Licensee S	Signature and Date	•			