ESTABLISHMENT OR ENTERPRISE LICENSE APPLICATION- $200.00

Print clearly and use blue or black ink only. Address all correspondence to NM Board of Barbers and Cosmetologists, P.O. Box 25101. Santa Fe, NM 87504. **$200.00 NON-REFUNDABLE FEE.** The Board does not accept cash or personal checks or credit cards.

★ All licensing information provided is public information.

REQUIREMENTS FOR OPENING AN ENTERPRISE OR ESTABLISHMENT

1. **Application:** To open an enterprise or establishment, an application must be filed with the Board fifteen (15) days prior to the anticipated date of opening. Owner(s) must sign this application in the presence of a notary public. Prior to applying for an Establishment license the owner must obtain a city business license. **Owner and/or supervising licensee must be licensed in all aspects of services being provided in the establishment.** Must attach copy of the City Business License.

2. **License Fee:** When purchasing an already established enterprise or establishment or before opening a new enterprise or establishment, the owner must secure an Enterprise License or Establishment License for **$200.00.** All enterprises, establishments or clinics must be in charge of or under the immediate supervision of a licensee of this board for that specific service being rendered.

3. **Inspection:** A formal inspection of the enterprise or establishment will be conducted after opening of establishment.

4. **Location:** Any mobile outreach enterprise or establishment, licensed by the Board may not be used for living or sleeping quarters or in any way for residential purposes. If an enterprise or establishment is located in a private residence, a segregated area must be provided for the licensed activity and maintenance of proper water supply and toilet standards to ensure proper sanitation. Reasonable access to a restroom must be provided by the establishment or mobile outreach enterprise unit.

5. **Facilities:** The enterprise or establishment, must be situated to insure proper heat, light, and ventilation at all times, and must conform to all state and city requirements for electrical wiring, plumbing, and outside entrance. It is suggested that zoning ordinances be checked and must meet all ADA requirements.

6. **Floors and Walls:** Floors, walls, and other fixtures must be kept reasonably clean at all times.

7. **Signs:** Establishments/clinics must be properly identified by a sign at the main entrance that identifies the type of business being performed. Mobile outreach units must have signage on at least two (2) sides that identifies the type of business being performed.

8. **Infection Control & Safety Standards:** The enterprise, establishment, or clinic must comply with the minimum infection control and safety standards as defined by the Board.

9. **Communication Capability:** Each outreach enterprise mobile unit will be equipped with or have available a cellular phone and/or other communication capability necessary for immediate access and/or prompt response.

10. **Booth Establishment Licensees:** If the enterprise or establishment will have Booth Establishments please include a list of names and license numbers.
Board of Barbers and Cosmetologists

ESTABLISHMENT OR ENTERPRISE LICENSE APPLICATION

PLEASE INCLUDE $200.00 NON-REFUNDABLE APPLICATION FEE

Please check desired license type:

☐ Establishment License  ☐ Enterprise License  ☐ Electrology Clinic License

This establishment/enterprise is a:  ☐ residence  ☐ business building  ☐ mobile establishment  (check one)

ESTABLISHMENT, ENTERPRISE, OR CLINIC INFORMATION-  *Required Field

*Facility name: ____________________________________________  *Phone: __________________________

*Please Enter Your Email Address:
_____________________________________________________
All communications (including renewal notices) will be sent to this email address.

*Facility street address: ______________________________________

*Facility city/state/zip code: _________________________________

*Facility owner: ____________________________________________  *Social Security Number____________________________________
Facility owner: ____________________________________________ Social Security Number____________________________________

*Approximate date of opening: ________________________________

If you are not a licensee of the Board, provide name and license number of person who will manage the establishment, enterprise or clinic.
Name: ____________________________________________ License Number: __________________________

*What services will be offered at this establishment? (Please check all that apply)
☐ Cosmetology  ☐ Barbering  ☐ Esthetician  ☐ Manicurist/Pedicurist  ☐ Electrolysis

**Owner and/or supervising licensee must be licensed in all aspects of services being provided in the establishment

*Will the Establishment have employees on payroll?  ☐ Yes  ☐ No

*Will the Establishment have booth renters?  ☐ Yes (please provide a list with names and license #’s)  ☐ No

If establishment, enterprise, or clinic is purchased from someone else, provide the business name and license number:
Name: ____________________________________________ License Number: __________________________

This form must be signed in the presence of a Notary Public
I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

_________________________________________  and  __________________________
Print name(s) of Facility Owner(s)  Date  Date

_________________________  and  __________________________
Signatures of Facility Owners  Date  Date

STATE OF NEW MEXICO, County of _______________________________

being duly sworn, says that he/she is/are the person(s) referred to in this application and that the statements therein contained are true in every respect.

Subscribed and sworn to before me this ____________ day of ______________________ 20_____. Witness my hand and seal hereunto attached.

_________________________
Signature of Notary Public/ My Commission Expires