

MAILING ADDRESS
Board of Barber Examiners
PO Box 94723
Lincoln, NE 68509

Nebraska Application For Barber Shop Change of Location

Please Print Or Type:

OFFICE LOCATION
1220 Lincoln Mall Ste. 100
Lincoln, NE
(402)471-2051

Submit application, floor plan sketch, the inspection fee and license issuance fee: See Fee Schedule below.

NOT LESS THAN 15 DAYS PRIOR TO

SCHEDULE OPENING DATE. Shop is requesting to open for business on _____, **20**____. The barber shop shall satisfactorily
Month Date Year
comply with all requirements set forth in the Rules and Regulations adopted and filed by the Board of Barber Examiners, and shall at all times operate
according to the laws set forth in the Nebraska Revised Statutes pertaining to the practice of barbering. Contact Board Office if Opening Date Changes.

Barber Shop Name _____ Shop License # _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Shop Owner/s _____ Shop Phone # _____
Individuals Name (first, middle, last) or Name of Corporation, LLC Cell Phone# _____

Shop Owner/s _____ Home Phone # _____
Individuals Name (first, middle, last) or Name of Corporation, LLC Cell Phone# _____
Home Phone # _____

If incorporated submit proof of Articles of Incorporation. Federal Identification # (FIN or EIN) _____

Is owner licensed barber? YES [] NO [] if no, give name of licensed barber _____ and license # _____

Does shop offer booth/chair rental? YES [] NO [] if yes, enclosed booth/suites lockable? YES [] NO [] if yes, key must be available for inspection.

Provide a list of barbers working with their barber license numbers on a separate piece of paper.

Days and Hours of Operation: Open only by appointment YES [] NO [] please indicated and list times most likely for individual or individuals to be working.

Monday []	Tuesday []	Wednesday []	Thursday []	Friday []	Saturday []	Sunday []
to	to	to	to	to	to	to

Zoned barber shop location Business [] Residential [] Will business be licensed Cosmetology Salon? YES [] NO []

City water connection YES [] NO [] Size of shop _____ ft x _____ ft or Square footage _____

City sewer connection YES [] NO [] Dispensary, storage & other rooms: YES [] NO []

Capacity Hot Water Heater _____ Description of usage for room/s (above) _____

Toilet location: Type of Flooring _____

shop premises YES [] NO [] Type of Walls _____

common area of commercial building ...YES [] NO [] Type of Ceiling _____

Method of Ventilation (heating & cooling) _____ Type of Lighting _____

Number of Immersion Sanitizers _____ Number of Barber Chairs _____

Trade name of Immersion Germicidal Agent Used Number of Shampoo Bowls _____

Brushes & Combs (Example Barbicide) _____ Number of Mirrors _____

Metal Tools (Name of Disinfectant Spray) _____ Mirror Size _____ x _____ (inches or feet)

Clipper Blades (Name of Disinfectant Spray) _____

United States Citizenship Attestation – For the purpose of complying with Neb.Rev.Stat. §§4-108 through 4-114, I attest as follows:

____I am a citizen of the United States.

OR

____I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ and I agree to provide a copy of my USCIS documentation upon request.

OR

____Not applicable as Business is [] Partnership [] Corporation or [] Other _____

OWNER'S SIGNATURE _____ SOCIAL SECURITY # _____ Explain/Describe

All Owners must Sign and Signature must be witnessed by a Notary Public

SOCIAL SECURITY # _____

STATE OF NEBRASKA) SUBSCRIBED AND SWORN TO BEFORE ME THIS

COUNTY OF) _____ DAY OF _____, 20 _____

SEAL _____ NOTARY PUBLIC

INSPECTOR'S COMMENTS: _____

OFFICE USE ONLY:

DATE FILED _____ RECEIPT NO. _____ INSPECTION DATE _____

FEE RECEIVED _____ LICENSE NO. _____ ISSUANCE DATE _____

FEE SCHEDULE												
Fee Schedule with Application												
Shop Change of Location w/App	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00
Odd Numbered Year	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00

Locate the Year and Month of Shop Opening Date on the FEE SCHEDULE to determine the proper fee due.

Make Payable to: Nebraska Board of Barber Examiners

If you have questions, please contact our office. Contact information is listed at the top of page one.

Note: Barber Shop licenses expire each June 30 of even numbered years.

New Shop or Change of Location Checklist

<input type="checkbox"/>	Application - All Fields Completed
<input type="checkbox"/>	Detailed Sketch of shop floor plan with dimensions
<input type="checkbox"/>	Application Notarized
<input type="checkbox"/>	All Licenses displayed, Rules and Regulations displayed
<input type="checkbox"/>	Barber Chair - Functioning, No tears, Spaced 4.5 ft. apart minimum
<input type="checkbox"/>	One Shampoo bowl for every five stations.
<input type="checkbox"/>	Back bar, Clean and orderly
<input type="checkbox"/>	Enclosed Clean Towel Storage near shampoo area
<input type="checkbox"/>	Work station, Clean and orderly
<input type="checkbox"/>	Tool Storage, sanitized area for clean tools
<input type="checkbox"/>	Adequate Mirror for each station
<input type="checkbox"/>	Container for waste and for soiled towels
<input type="checkbox"/>	Hot water system
<input type="checkbox"/>	Restroom, functional with disposable towels
<input type="checkbox"/>	Immersion sterilizer, filled during operating hours
<input type="checkbox"/>	Approved germicidal solution and disinfectant spray
<input type="checkbox"/>	Floor surfaces in work area, washable, non-absorbent material
<input type="checkbox"/>	Ceiling, good condition, if tiled they must all be in place
<input type="checkbox"/>	Walls, cleanable surfaces, good condition
<input type="checkbox"/>	Waiting area, kept clean and orderly
<input type="checkbox"/>	Electrical must meet code, face plates on all outlets and switches
<input type="checkbox"/>	Plumbing, functioning properly, including drains
<input type="checkbox"/>	General Appearance, paint, trim, windows, etc., completed
<input type="checkbox"/>	Proper Lighting, sufficient to operate in work area.
<input type="checkbox"/>	Heating and Cooling system functioning properly
<input type="checkbox"/>	Dispensary, clean and orderly (if applicable)

All areas of the Shop are subject to inspection, break rooms, Refrigerators etc.

An unchecked box could delay shop licensure

Incomplete application will not be accepted, All fields must be completed

Clean towel storage, must have lid or door(s) to enclose the towels