

STATE OF NEBRASKA BOARD OF BARBER EXAMINERS

MAILING ADDRESS
Board of Barber Examiners
PO Box 94723
Lincoln, NE 68509
barbers.board@nebraska.gov

Barber School Application - License To Operate

OFFICE LOCATION
1220 Lincoln Mall Ste 100
Lincoln, NE
Phone: (402) 471-2051
Fax: (402) 328-6231
www.barbers.nebraska.gov

Submit application, detailed blueprint and the \$900.00 inspection and license issuance fee: NOT LESS THAN 30 DAYS PRIOR TO SCHEDULED OPENING.

Requested date of school opening is _____ 20_____. Estimated number of enrolled students: _____
Month Date Year

Please print or type:

Owner 1 _____ Phone # _____ Cell # _____
Individuals Name (first, middle, last) or Name of Corporation, LLC

Owner 2 _____ Phone # _____ Cell # _____
Individuals Name (first, middle, last) or Name of Corporation, LLC

Manager (If other than owner) _____

Name of School _____ Phone # _____

School email address _____ School web address _____

Physical Address _____ City _____ Zip _____

Instructor (Mgr) _____ License# _____

Instructor _____ License# _____

Assistant Instructor _____ License# _____

Assistant Instructor _____ License# _____

The barber school shall satisfactorily 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. Authorization will then be given for school opening.

United States Citizenship Attestation - For the purpose of complying with Neb.Rev.Stat. §§4-108 through 4-114,

I _____ attest as follows:

Owner 1 Name (first, middle, last)

OR _____ 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.

OR _____ Not applicable as Business is [] Partnership [] Corporation or [] Other _____ Explain/Describe

Applicant or Owner 1 Signature _____ Social Security # _____

Signature must be witnessed by a Notary Public

I _____ attest as follows:

Owner 2 Name (first, middle, last)

OR _____ 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.

OR _____ Not applicable as Business is [] Partnership [] Corporation or [] Other _____ Explain/Describe

Applicant or Owner 2 Signature _____ Social Security # _____

Signature must be witnessed by a Notary Public

STATE OF NEBRASKA) SUBSCRIBED AND SWORN TO BEFORE ME THIS

COUNTY OF _____) _____ DAY OF _____ 20_____

SEAL _____ NOTARY PUBLIC

OFFICE USE ONLY: DATE FILED _____ RECEIPT NO. _____ APPROVAL DATE _____

FEE SUBMITTED _____ BOND/STUDENT RECOVERY _____ LICENSE NO. _____