



State of Louisiana
Louisiana State Board of Cosmetology

SHOP APPLICATION

****A copy of your operator's license must be submitted with this application****

Please complete the following information:

Type of Salon:

- ☐ Cosmetology
- ☐ Manicuring
- ☐ Esthetics
- ☐ Home Care

Opening Date _____

Inspector _____

- ☐ Initial
- ☐ New Location
- ☐ Reopening
- ☐ New Ownership

Initial License: A \$105.00 money order will be collected by the inspector at the time of initial inspection (\$50.00 for the inspection and \$55.00 for the shop license)

If you need a manager license: If a manager is needed there will be an additional \$35.00 fee for the manager's license.

PLEASE PRINT

Name of Shop

Name of Owner

Shop Telephone Number

Owner's Social Security Number

Current Operator License #/Year

Shop Physical Address

Parish

Shop Mailing Address

City, State, Zip Code

Directions for locating your shop: _____

****To schedule your initial inspection, contact your inspector to set up an appointment for your shop. To avoid delay in processing, please have this form and money order completed prior to the inspector's arrival for your scheduled inspection. If you have any questions, please contact the Louisiana State Board of Cosmetology office at 225-756-3404 for more information.**