

Effective Date of Ownership: \_\_\_\_\_

**Business Registration Check List:**

Please review the checklist below to ensure you have provided the Cosmetology Association of Nova Scotia with all required fees (as per Schedule B of the By-laws), forms, and documents required \* to change ownership of an existing registered salon/spa with the Association.

**Please include this form when submitting your business registration.**

**Included in my business registration package, I have submitted:**

- ☐ \*Schedule C (Business Owner Agreement)
- ☐ \*Schedule A-2 (Business Permit Registration)
- ☐ \*Application/Admin Fee (\$60 + HST)
- ☐ \*Salon/Spa Permit Fee (if applicable)
- ☐ \*Copy of Registry of Joint Stock Certificate (Sole Proprietorship Change of Owner)
- ☐ \*Employee List (employee/renters)

**Please be advised salons and spas cannot offer services for fee, gain, or expectation of reward until a salon permit has been issued. \_\_\_\_\_ \* (Please initial)**

**I acknowledge that I have read and understand the Salon and Spa Compliance Handbook and agree to comply with all guidelines. \_\_\_\_\_ \* (Please initial)**

**Method of Payment: (Please check one)**

- ☐ Certified Cheque
- ☐ Money Order
- ☐ Debit
- ☐ Cash
- ☐ Credit / Visa Debit
- ☐ By Phone

Cheque/money order is to be made payable to the Cosmetology Association of Nova Scotia.

If you selected "Credit," please fill out the information below to begin the registration process. **All Financial information provided is strictly confidential.**

\_\_\_\_\_  
Name of Card Holder

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Card Expiry

\_\_\_\_\_  
Card Holder Signature

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**Days and Hours of Operation:**

The goal of coordinating a first-time inspection between the Association and a salon/spa is to equip business owners with everything they will need to succeed and operate safely from the start. The Association is aware salon/spa hours may vary. Please provide the Association with your current days and hours of operation to ensure a prompt inspection (**Required**).

Sunday <input type="checkbox"/>	Hours of Operation _____
Monday <input type="checkbox"/>	Hours of Operation _____
Tuesday <input type="checkbox"/>	Hours of Operation _____
Wednesday <input type="checkbox"/>	Hours of Operation _____
Thursday <input type="checkbox"/>	Hours of Operation _____
Friday <input type="checkbox"/>	Hours of Operation _____
Saturday <input type="checkbox"/>	Hours of Operation _____

## Schedule B

### ***Annual Licensing Fees (for all categories of licence)***

Administrative Fee (payable by all applicants for licence and permits)	\$60
Active Member (Current Member, Salon Owner)	\$90
Associate Member (Student, Beauty Supply Company, Former and/or Retired Cosmetologist)	\$90
Cosmetologist (Hairdressing or Esthetics)	\$90
Master Cosmetologist (Hairdressing or Esthetics)	\$95
Master Instructor (Hairdressing or Esthetics)	\$100
Specific Licence	\$90
Specific Master Cosmetologist Instructor	\$100
Graduate	\$80
Temporary (Graduate, Transfer)	\$80
Visitor	\$80

### ***Annual Cosmetology Establishment Fees***

1 Cosmetologist	\$75
2-5 Cosmetologists	\$85
6-10 Cosmetologists	\$120
11+ Cosmetologists	\$145
Salon/Spa Relocation	\$155
Annual Mobile Services Permit (payable in addition to Cosmetology Establishment Fee)	\$75
Salon/Spa Proprietor Application for Registration	\$255

### ***Examination Fees***

Provincial Examination (for all exams)	\$155
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### ***Annual School/College Fees***

Student Enrollment	\$105
Provincial Examination	\$155
1 <sup>st</sup> DNA (Did Not Attend)	\$215
2 <sup>nd</sup> DNA	\$265
3 <sup>rd</sup> DNA	\$315
School Opening	\$805
School Relocation	\$205
School Permit (1-50)	\$205
School Permit (51+)	\$305
Program Review / Registration	\$155
Instructor Application	\$100

### ***Other***

Special Event Permit (maximum 3-day period)	\$25
Credential Review	\$155
Late Registration of Permit / Licence (applied on January 1)	\$30
FTA (Failure to Attend – Professional Development Classes)	\$30
Copy of Licence, Certificate, or Photo ID	\$25
Returned Cheque / NSF	\$45

***HST is payable on all fees.***

***These fees may be amended by the Board of Directors, at its sole discretion, from time to time.***

**Schedule C**  
**Cosmetology Association of Nova Scotia**  
**Cosmetology Establishment Undertaking**

Please send completed form to:  
Cosmetology Association of Nova Scotia  
126 Chain Lake Drive  
Halifax, NS B3S 1A2  
(902) 468-6477 (ph.)  
(902) 468-7147 (fax)

Cosmetology Establishment Name:

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I, \_\_\_\_\_, owner/operator of this cosmetology establishment  
\_\_\_\_\_ agree and promise to ensure that all cosmetologists, master  
cosmetologists, master cosmetologist instructors, and students, employed or otherwise engaged  
at this cosmetology establishment will, at all times be licenced and fulfil any professional  
responsibilities set out in the *Cosmetology Act*, the Cosmetology Association of Nova Scotia's  
By-laws, and all policies and procedures developed by the Cosmetology Association of Nova  
Scotia.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Schedule A-2**  
**Cosmetology Association of Nova Scotia**  
**Permit to Operate/Annual Renewal Form**  
**Cosmetology Establishment**

Please send completed form to:  
Cosmetology Association of Nova Scotia  
126 Chain Lake Drive  
Halifax, NS B3S 1A2  
(902) 468-6477 (ph.)  
(902) 468-7147 (fax)

Business Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Type of Permit: \_\_\_\_\_

Number of Cosmetologists/Students: \_\_\_\_\_

By applying for this permit/annual renewal form, I agree that the Executive Director of the Cosmetology Association and/or Inspectors engaged or employed by the Cosmetology Association may enter the premises of this cosmetology establishment during reasonable working hours and inspect all aspects of the cosmetology establishment.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**





Please take the time to provide the following information for all employees working within your cosmetology establishment (employee name, member no., date of birth and email address) regardless of whether or not they are a Member of the Association. Please use the reverse side of the page if more space is required.

It is helpful for inspectors to be aware of non-member employees working within the establishment and up to date contact information helps the Association provide information to Association Members on upcoming educational classes and events. Stay in the loop!

Salon Name: \_\_\_\_\_ Licence No. \_\_\_\_\_ Salon Email: \_\_\_\_\_

EMPLOYEE NAME:	MEMBER NO.	RENTER/EMPLOYEE	DATE OF BIRTH (D/M/Y)	EMAIL
Ex: John Doe	Ex: 12345	Ex: employee	29/05/1982	<a href="mailto:info@nscosmetology.ca">info@nscosmetology.ca</a>
1.				
2.				
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Once this form has been completed, please fax to: (902) 468-7147 or email: [info@nscosmetology.ca](mailto:info@nscosmetology.ca)