

CHAIR/ROOM BUSINESS REGISTRATION

Opening	Date: _	
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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 complete the business registration process.

Please include this form when submitting your business registration.					
Cosmet	cology: Chair Rental Room/Suite Rental				
Please i	Please indicate below the contact particulars of the salon you're renting chair/room space within.				
Name c	of salon/spa business:				
Busines	s address and location:				
Busines	s owner name and contact:				
Include	d in my business registration package, I have submitted:				
	*Schedule C (Business Owner Agreement)				
	NOTE: Chair/Room renter is responsible for their business rental area located within another business (only), as noted in schedule C, "Cosmetology Establishment Undertaking" attached "at this cosmetology establishment", refers to the applicant's business (Cosmetology Establishment Name) as indicated on Schedule C.				
	*Schedule A-2 (Business Permit Registration)				
	*Salon/Spa Proprietor Application/Registration Fee				
	* Salon/Spa Permit Fee				
	Copy of Salon's Occupancy Permit (required if applicable)				
	(Not applicable to salon/spa owners renting within another salon/spa establishment) – Room and Suite rentals operating out of a commercial building must contact their corresponding municipal office for permit requirements in their area.				
	Copy of Registry of Joint Stock Certificate (RJSC) (Required if applicable)				

If a business operates or advertises under a business name other than an individual's first and last name only (i.e.: Jane Doe **Esthetics**), that business must be registered with the Nova Scotia RJSC. In this instance, a business permit will not be issued without business name approval from RJSC.

* Please be advised Cosmetology room and/or chair rental businesses 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)		If you selected "Credit," please fill out the information below to begin the registratio	n				
☐ Certified Cheque		process. All Financial information provide strictly confidential.	ed is				
☐ Money Order		strictly community					
☐ Debit		Name of Card Holder					
☐ Cash							
		Card Number					
☐ Credit / Visa Deb	it						
☐ By Phone		Card Expiry					
Cheques/money orders made payable to the Cosmetology Association of Nova Scotia.		Card Holder Signature					
Days and Hours of Ope	eration (Room/Suite Rentals (Only):					
		veen the Association and a salon/spa is to educeed and operate safely from the start. $$ T $$					
		se provide the Association with your curren					
and hours of operation	to ensure a prompt inspectio	on (Required).					
Sunday □	Hours of Operation						
Monday \square	Hours of Operation						
Tuesday \square	Hours of Operation						
Wednesday \square	Hours of Operation						
Thursday 🗆	Hours of Operation						
Friday □	Hours of Operation						
Saturday \square	Hours of Operation						

REGISTERING YOUR BUSINESS

COSMETOLOGY ASSOCIATION OF NS

IMPORTANT INFO

WHO MUST REGISTER?

 <u>Everyone</u> doing business in Nova Scotia under a name other than their own <u>must</u> register their business with the Registry of Joint Stock Companies (RJSC)

STEP 1 - RESERVE BUSINESS NAME

- Find form on RJSC website
- Your name must be a unique & an accurate description of your business
- It should have the following 3 elements:
 - a) <u>Distinctive</u> Maritime; Sally's; Glamour
 - b) <u>Descriptive</u> Hair & Nail; Esthetics; Spa
 - c) <u>Corporate</u>* Limited; Incorporated *only requires corporate designation if incorporated

STEP 2 – SELECT TYPE OF BUSINESS

- Three main types:
 - 1. Sole proprietor you alone
 - 2. Partnership 2 or more persons
 - 3. <u>Incorporation</u> creates separate legal entity
- Discuss which option is best for you with a lawyer and/or accountant

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CONTACT

Mailing Address

Registry of Joint Stock Companies P.O. Box 1529 Halifax, NS

Telephone:

902-424-7770 (toll-free) 1-800-225-8227

Email:

B3J2Y4

joint-stocks@novascotia.ca

Hours of Operation:

Monday to Friday, 8:30-4:30

STEP 3 – FORMS & FEES

- Once your business name reservation is approved, you have **90 days** to complete registration by paying the applicable **fee** and filing (available on RJSC website):
 - a) Partnership form (applies to sole proprietors)
 - b) Incorporation form
 - c) Any other paperwork the RJSC requires
- You must renew your registration with the RJSC annually

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 Cosmetolog 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

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 Establishmen	.t Name:
I,	, owner/operator of this cosmetology establishment
cosmetologists, master cos	agree and promise to ensure that all cosmetologists, master smetologist instructors, and students, employed or otherwise engaged
	dishment will, at all times be licenced and fulfil any professional
	the Cosmetology Act, the Cosmetology Association of Nova Scotia's and procedures developed by the Cosmetology Association of Nova
Scotia.	and procedures developed by the best seed,
Applicant's Signature	Date

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)		
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	
Annual School/College Fees		
Student Enrollment	\$105	
Provincial Examination	\$155	
1st DNA (Did Not Attend)	\$215	
2 nd DNA	\$265	
3 rd 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.

COSMETOLOGY ASSOCIATION NOVA SCOTA

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 Please take the time to provide the following information for all employees working within your cosmetology establishment (employee name, 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!

info@nscosmetology.ca EMAIL DATE OF BIRTH (D/M/Y) Salon Email: 29/05/1982 RENTER/EMPLOYEE Ex: employee Licence No. MEMBER NO. Ex: 12345 EMPLOYEE NAME: Ex: John Doe Salon Name: 10. 11. ώ. ∞ 6 'n 4 ų. \leftarrow i ri

Once this form has been completed, please fax to: (902) 468-7147 or email: info@nscosmetology.ca