

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