

**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:

\_\_\_\_\_

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**