



# New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Barbers and Cosmetologists

Toney Anaya Building ▪ P.O. Box 25101 ▪ Santa Fe, New Mexico 87505

(505) 476-4622 ▪ Fax (505) 476-4665 ▪ [http://www.rld.state.nm.us/boards/Barbers\\_and\\_Cosmetologists](http://www.rld.state.nm.us/boards/Barbers_and_Cosmetologists)

## ESTABLISHMENT OR ENTERPRISE LICENSE APPLICATION

*Print clearly and use blue or black ink only. Incomplete applications will be returned. Address all correspondence to NM Board of Barbers and Cosmetologists, P.O. Box 25101, Santa Fe, NM 87505. ALL FEES ARE NON-REFUNDABLE.*

*★All licensing information provided is public information.*

*★ For relocation or name change, complete second portion of this form.*

### REQUIREMENTS FOR OPENING AN ENTERPRISE OR ESTABLISHMENT

1. **Application:** To open an enterprise, establishment or electrology clinic, an application must be filed with the Board fifteen (15) days prior to the anticipated date of opening. Owner(s) must sign this application in the presence of a notary public.
2. **License Fee:** When purchasing an already established enterprise, establishment or clinic, or before opening a new enterprise, establishment or clinic, the owner must secure an Enterprise License or Establishment License for **\$200.00**. All enterprises, establishments or clinics must be in charge of or under the immediate supervision of a licensee of this board for that specific service being rendered
3. **Inspection:** A formal inspection of the enterprise, establishment or clinic is required within ninety (90) days of opening.
4. **Location:** Any mobile outreach enterprise, establishment, or clinic licensed by the Board may not be used for living or sleeping quarters or in any way for residential purposes. If an establishment or clinic is located in a private residence, a segregated area must be provided for the licensed activity and maintenance of proper water supply and toilet standards to ensure proper sanitation. Reasonable access to a restroom must be provided by the establishment or mobile outreach enterprise unit.
5. **Facilities:** The enterprise, establishment, or clinic must be situated to insure proper heat, light, and ventilation at all times, and must conform to all state and city requirements for electrical wiring, plumbing, and outside entrance. It is suggested that zoning ordinances be checked and must meet all ADA requirements.
6. **Floors and Walls:** Floors, walls, and other fixtures must be kept reasonably clean at all times
7. **Signs:** Establishments/clinics must be properly identified by a sign at the main entrance that identifies the type of business being performed. Mobile outreach units must have signage on at least two (2) sides that identifies the type of business being performed.
8. **Relocating:** When an enterprise, establishment, or clinic relocates within the State of New Mexico, the owner must complete a new Enterprise or Establishment application and obtain approval (including inspection) from the Board in order to operate the business at the new location. The fee for the relocation application is **\$25.00**.
9. **Sanitation:** The enterprise, establishment, or clinic must contain adequate and safe equipment and sterilization facilities including adequate wet and dry sterilizers to maintain all combs, brushes, and implements.
10. **Communication Capability:** Each outreach enterprise mobile unit will be equipped with or have available a cellular phone and/or other communication capability necessary for immediate access and/or prompt response.

# ESTABLISHMENT OR ENTERPRISE LICENSE APPLICATION

*Indicate desired license type or action, ALL FEES ARE NON-REFUNDABLE:*

- Establishment License- Fee \$200       \*Relocating Establishment/Enterprise - Fee \$25
- Enterprise License - Fee \$200       \*Establishment/Clinic Name Change - Fee \$25
- Electrology Clinic License - Fee \$200       \*Enterprise Name Change - Fee \$25.00

## ESTABLISHMENT, ENTERPRISE, OR CLINIC INFORMATION

Facility name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility street address: \_\_\_\_\_

Facility city/state/zip code: \_\_\_\_\_

Facility owner: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Facility owner: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Approximate date of opening: \_\_\_\_\_

If you are not a licensee of the Board, provide name and license number of person who will manage the establishment, enterprise or clinic. Name: \_\_\_\_\_ License Number: \_\_\_\_\_

This establishment or clinic is in a  residence  business building (*check one*).

If establishment, enterprise, or clinic is purchased from someone else, provide the business name and license number: Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**Fill out this portion if you are relocating an establishment, enterprise, or clinic.**

### **RELOCATING ESTABLISHMENT, ENTERPRISE OR CLINIC**

#### **Former Location of Establishment, Enterprise, or Clinic**

Former Facility name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility street address: \_\_\_\_\_

Facility city/state/zip code: \_\_\_\_\_ License Number: \_\_\_\_\_

#### **New Location of Establishment, Enterprise, or Clinic**

New Facility name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility street address: \_\_\_\_\_

Facility city/state/zip code: \_\_\_\_\_ License number: \_\_\_\_\_

**This form must be signed in the presence of a Notary Public.**

\_\_\_\_\_  
Print name(s) of Facility Owner(s)

\_\_\_\_\_  
Signatures of Facility Owners \_\_\_\_\_ and \_\_\_\_\_, \_\_\_\_\_ Date

being duly sworn, says that he/she is/are the person(s) referred to in this application and that the statements therein contained are true in every respect.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. Witness my hand and seal hereunto attached.

\_\_\_\_\_  
Signature of Notary Public/ My Commission Expires