

**Schedule A-3**  
**Cosmetology Association of Nova Scotia**  
**Permit to Operate/Annual Renewal Form**  
**(School)**

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)

School Name: \_\_\_\_\_

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

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

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

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

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

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

Number of Students: \_\_\_\_\_ (hair) \_\_\_\_\_ (esthetics)

Number of Instructors: \_\_\_\_\_ (hair) \_\_\_\_\_ (esthetics)

Names of Instructors and their Licences

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 school during reasonable working hours and inspect all aspects of this school.

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**Applicant's Signature**

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**Date**