

Effective Date of Ownership: _____

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 change ownership of an existing registered salon/spa with the Association.

Please include this form when submitting your business registration.

Included in my business registration package, I have submitted:

- Schedule C (Business Owner Agreement) - *Required*
- Schedule A-2 (Business Permit Registration) - *Required*
- Application/Admin Fee (\$60 + HST) - *Required*
- Salon/Spa Permit Fee – *If applicable (see Schedule B)*
- Copy of Registry of Joint Stock Certificate (Sole Proprietorship Change of Owner) - *Required*
- Employee List (employee/renters) – *if applicable*
- Application for Membership (It is mandatory to apply for an Active Membership with the Cosmetology Association if the individual applying for a salon permit is not a registered and licenced cosmetologist.)

Please be advised salons and spas 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)

| | |
|--|---|
| <p>Method of Payment: (Please check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certified Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Debit <input type="checkbox"/> Cash <input type="checkbox"/> Credit / Visa Debit <input type="checkbox"/> By Phone <p>Cheque/money order is to be made payable to the Cosmetology Association of Nova Scotia.</p> | <p>If you selected "Credit," please fill out the information below to begin the registration process. All Financial information provided is strictly confidential.</p> <p>_____</p> <p>Name of Card Holder</p> <p>_____</p> <p>Card Number</p> <p>_____</p> <p>Card Expiry</p> <p>_____</p> <p>Card Holder Signature</p> |
|--|---|

Effective Date of Ownership: _____

Days and Hours of Operation:

The goal of coordinating a first-time inspection between the Association and a salon/spa is to equip business owners with everything they will need to succeed and operate safely from the start. The Association is aware salon/spa hours may vary. Please provide the Association with your current days and hours of operation to ensure a prompt inspection (**Required**).

Sunday Hours of Operation _____

Monday Hours of Operation _____

Tuesday Hours of Operation _____

Wednesday Hours of Operation _____

Thursday Hours of Operation _____

Friday Hours of Operation _____

Saturday Hours of Operation _____

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) | \$90 |
| 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 |
| 1 st 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) | \$40 |
| FTA (Failure to Attend – Professional Development Classes) | \$40 |
| 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.

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

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



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

Salon Name: _____ Licence No. _____ Salon Email: _____

| EMPLOYEE NAME: | MEMBER NO. | RENTER/EMPLOYEE | DATE OF BIRTH (D/M/Y) | EMAIL |
|----------------|------------|-----------------|-----------------------|--|
| Ex: John Doe | Ex: 12345 | Ex: employee | 29/05/1982 | info@nscosmetology.ca |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |

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

REGISTERING YOUR BUSINESS

COSMETOLOGY
ASSOCIATION OF NS

IMPORTANT INFO

WHO MUST REGISTER?

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



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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) Distinctive – Maritime; Sally's; Glamour
 - b) Descriptive – Hair & Nail; Esthetics; Spa
 - c) Corporate* – 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. Incorporation – creates separate legal entity
- Discuss which option is best for you with a **lawyer** and/or **accountant**

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

CONTACT

Mailing Address

Registry of Joint Stock
Companies
P.O. Box 1529
Halifax, NS
B3J 2Y4

Telephone:

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

Email:

joint-stocks@novascotia.ca

Hours of Operation:

Monday to Friday, 8:30-4:30