

Schedule A-4

**Cosmetology Association of Nova Scotia
Permit to Operate/Annual Renewal Form
(Mobile Service)**

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)

Permit Holder's Name: _____

Business Address: _____

Business Telephone Number: _____

Business Fax Number: _____

Email Address: _____

Hours/Locations of Operations: _____

Contact Person: _____

Position: _____

Owners (Names and Licence held):

Services offered: _____

Number of Cosmetologists: _____ (hair) _____ (esthetics)

Number of Master Cosmetologists: _____ (hair) _____ (esthetics)

Number of Master Cosmetologist Instructors: _____ (hair) _____ (esthetics)

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 inspect all aspects of the mobile unit.

Applicant's Signature

Date