



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**Board of Barbering, Cosmetology and Esthetics**  
7 Eagle Square, Concord, NH 03301  
Phone: 603-271-2152

**BOARD OF BARBERING, COSMETOLOGY, AND ESTHETICS**  
**APPLICATION FOR SCHOOL LICENSE**

Please indicate the type of school license you are applying for:

BARBER    MASTER BARBER    COSMETOLOGY    ESTHETICS    MANICURING

PLEASE ENCLOSE THE FOLLOWING:

1. Application fee. Please make check or money order payable to: "Treasurer, State of New Hampshire";
2. A detailed floor plan of the entire school showing arraignment of classrooms and placement of equipment;
3. The school curriculum for each course;
4. List of equipment for each type of license;
5. Documentation of Instructor Work Experience in the form of a letter, setting forth: (1) the place of employment and its name and address; (2) the months and years worked there; (3) the owner's or manager's name and telephone number; (4) the owner's or manager's signature and current date; and (5) the applicant's signature and current date. Bar 301.10(b)(7); Bar 305.01(c).

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

School Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Instructor License Number (if applicable): \_\_\_\_\_

Email (optional; board notices will be sent via email only): \_\_\_\_\_

Name of Instructor (if applicable): \_\_\_\_\_

Address of Instructor (if applicable): \_\_\_\_\_

Instructor Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_