



**CITY OF BOULDER CITY
COSMETOLOGIST / BARBER / MANICURIST
BUSINESS LICENSE APPLICATION**

401 California Ave. Boulder City NV 89005
Mailing address: PO Box 61350 Boulder City NV 89006
Phone 702-293-9219 Fax 702-293-9411

DATE: _____ LICENSE NO. _____

APPLICANT MUST SUBMIT A COPY OF STATE OF NEVADA COSMETOLOGY LICENSE

The undersigned hereby applies for a () new, () revised business license for:
Cosmetologist () Barber () Manicurist ()

Semiannual () January 1 to June 30, _____, or () July 1 to December 31, _____
Annual () July 1 to June 30, _____, or balance thereof.

A. APPLICANT'S INFORMATION

Name: _____
Date of Birth: _____ Social Security #: _____
Home Address: _____
Mailing Address: _____
Home Phone: _____
Business Phone: _____

B. SALON INFORMATION

Name of Salon: _____
Salon Owner's Name: _____
Salon Address: _____
Salon Phone: _____

Signature of Applicant: _____ Date: _____

MINIMUM FEE:
\$40.00 SEMIANNUAL \$80.00 ANNUAL
(Fee assessed in accordance with subsection 4-1-22 (A) 1.)

FOR OFFICE USE ONLY

Semiannual Fee	_____
Annual Fee	_____
Prorated Fee for _____ months	_____
Penalty	_____
Total Fees Due	_____

BUSINESS LICENSE OFFICER

DATE APPROVED