

## SALON PROPRIETOR APPLICATION

For better service, an appointment is required to meet with a CANB staff.

|   | SALON OWNER INFORMATION                                   |           |                              |
|---|---|-----------|------------------------------|
| Name:   |   | License   | e Number: if applicable      |
| Phone Number:   |   |           |                              |
|   | Email address:  |           |                              |
|   |   |           |                              |
|   | SALON INFORMATION   |           |                              |
| Salon Name  | SALSIV IIVI SALVIANISIV                                   |           |                              |
| Salon Address:  |   |           |                              |
| City:   |   | Postal    | Code·                        |
| Salon Phone Number:   |   | 1 ootai   | ooue.                        |
| Salon Phone Number.   | Salon Email:  |           |                              |
| 16 11 11 1166   | Salon Email:  |           |                              |
| If mailing address is different   |   |           |                              |
| Address:  |   |           |                              |
| City:   |   | Postal    | Code:                        |
|   |   |           |                              |
| Please indicate the type of salon:  | _ ,, , , , ,  |           | A                            |
|   | <ul><li>☐ Hairstyling</li><li>☐ Nail Technology</li></ul> |           | Aesthetics<br>Lash & Brow    |
|   | <ul><li>□ Nail Technology</li><li>□ Makeup</li></ul>      |           | Depilatory                   |
|   | _ Wakeap  |           | Depilatory                   |
| Standard fee according to the CAN   | NB By-Laws: <b>30 days after payment i</b>                | s made,   | it is not refundable.        |
|   | y 31 of following fiscal year if applicatio               | n is rece | ived after May 1, of current |
| fiscal year.<br>New Salon   | \$250 + \$75 permit                                       |           | \$325                        |
| Relocation  | \$200 + \$75 permit                                       |           | \$275                        |
| Re-Opening  | \$120 + \$75 permit                                       |           | \$195                        |
|   | •   |           |                              |
| Please select the language and type   | pe of inspection  |           |                              |
| □ English   |   |           | Virtual with Zoom            |
| □ French  |   |           | In-person                    |
| □ I am the only employee (cosm  | netologist) offering services in my sal                   | on.       |                              |
| ☐ I have included a list of all the employees.  |   |           |                              |
|   | mit or confirmation from my munic                         | ipality.  |                              |
| Please submit your application with all required information as soon as possible. Depending on individual |   |           |                              |
|   | ation may take up to <b>30 days</b> to proces             |           |                              |
| all necessary documentation will de   | elay the process of your Salon Propriet                   | or certif | icate.                       |

SenD To:
Cosmetology Association of NB
220 Whiting Road
Fredericton, N.-B. E3B 5V5

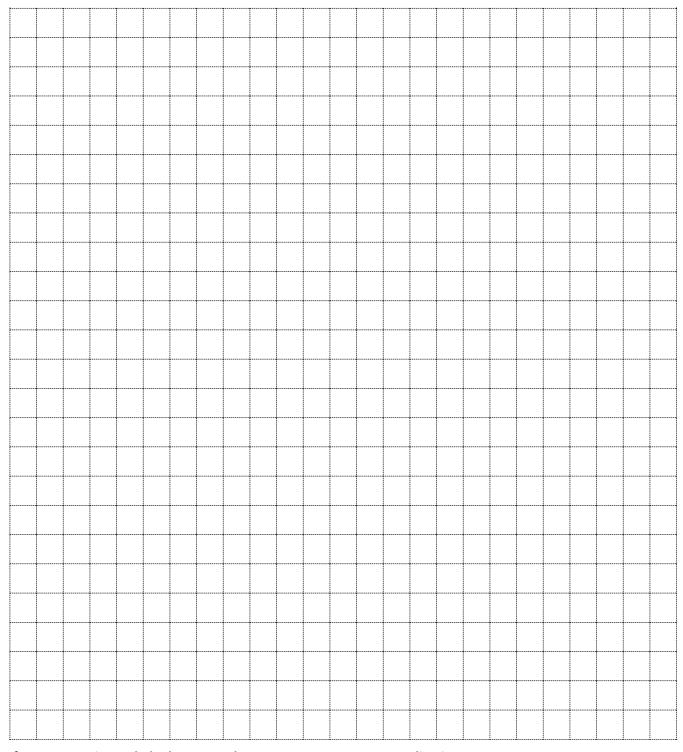
E-mail: saloninfo@canb.ca fax: 1(506) 458-1354 Information: Toll Free: 1 (800) 561-8087

or

□ 1 (506) 458-8087 ext. 2

## **SALON FLOOR PLAN**

**Your floor plan should include** accurate dimensions, work area, washroom facilities, electrical outlets, ventilator, windows, sinks, entrance and the premises of location (ex: mall, house, complex or separate building).



If more space is needed, please attach a separate page to your application

As a salon owner, it is your responsibility to read the CANB by-laws and policies and ensure that your salon respects and meets all the salon and sanitation requirements.

| <b>BY-LAWS</b> | COSMETOLOGY ESTABLISHMENT  |  |  |
|----------------|--|--|--|
| 6.1            | Any cosmetology establishment must adhere to the minimum standards and policies as set from time to time by the Association.   |  |  |
| 6.2            | Every person who owns or operates a salon must hold a valid salon permit, including salons located in a private residence. The permit must be displayed in full view of the public.  |  |  |
| 6.3            | A satisfactory inspection report from an inspector must be received before issuance of a salon permit for the operation of a salon at any location, including a relocation or a reopening.   |  |  |
| 6.4            | Cosmetologists employed or otherwise engaged at the salon must hold a valid license at all times.  |  |  |
| 6.5            | Salons must have a washroom, which includes a toilet and a sink, within the establishment for the use of clientele.  Salons located in a mall complex must have access to washroom facilities within the complex that contain two or more toilets.   |  |  |
| 6.6            | Cosmetology establishments must have at least one sink with hot and cold running water that is accessible at all times for cleaning and disinfection, in the room or adjacent to the room where services are being offered, with the exclusion of the washroom sink  |  |  |
| 6.7            | Salons in a place of residence must be separate from all living quarters and without entry or visibility into the living quarters, in addition to having a washroom and toilet maintained for the exclusive use of salon clientele only, which does not require entry or visibility into the living quarters.  |  |  |
| 6.8            | Cosmetology establishments must be well lighted, ventilated and separate from rooms used for the preparation or storage of food, including restaurants or other business of food that is unwrapped.  |  |  |
| 6.9            | Any person holding a license or a permit, issued under the authority of the Cosmetology Act, shall not make any false or misleading statement in the advertisement in any newspaper, magazine, radio, television or by any other form of public information media, designed or intended to induce the public to patronize or attend a place where a cosmetology business or school is being conducted. |  |  |
| BY-LAW #       | INFECTION CONTROL/PREVENTION   |  |  |
| 6.10           | Cosmetology establishments and cosmetologists must adhere to the infection control policies as set from time to time by the Association. Such policies are available to members and the public on the Association webpage or by contacting the provincial office.  |  |  |

| POLICY 1 | COSMETOLOGY ESTABLISHMENT   |
|----------|---|
| А        | Before issuance of a salon permit for the operation of a cosmetology establishment at any location, including relocation and a reopening of a salon, the Examining & Licensing Committee must receive a salon permit application and a satisfactory report from an inspector. |
| В        | Before opening a cosmetology establishment, applicants must obtain Provincial, Urban and/or City Zoning approval, when applicable.  |
| С        | Cosmetology establishments must display a sign containing the name and nature of the business during the hours of operation, subject to municipal regulations and by-laws.  |
| D        | Every license and permit holder must provide proof a valid license and permit at the location where cosmetology is practiced.   |
| E        | Walls, floors, ceilings, stations, chairs and equipment must be in good repair and in a clean condition at all times and must be of such material as to be readily cleaned. All furnishing shall be of professional quality and manufactured expressly for the industry.      |
| F        | Every cosmetology establishment must be located in a room adequately lighted, ventilated and separate from any room used for living or for the preparation or storage of food, restaurants or other business handling food that is unwrapped.                                 |

| POLICY 2 | INFECTION CONTROL/PREVENTION   |
|----------|--|
| Α        | Implements and equipment which are or may be used on more than one customer and which come in direct contact with the customer must be thoroughly cleaned after each use and be maintained in a clean condition at all times   |
| В        | Implements used for cosmetology services, after final use on a client and before being used on another client must be rinsed and washed immediately after and subjected to an appropriate disinfectant in accordance with the manufacturer's instructions, then stored in a clean covered space. |
| С        | Wax pots must be covered, and only single use disposable applicators are permitted for all waxing services; no double dipping.   |
| D        | Gloves should be available for employees to use when needed.   |
| E        | Porous items must be discarded after each use.   |
| F        | A separate clean towel/linen must be used for each customer. After use, towels/linens are to be placed in a suitable container entirely separate from clean towels/linens and are to be kept in a place and manner, which will protect them from dust and other contamination.                   |
| G        | Electrical equipment must be in good working condition and safe.   |
| Н        | Plumbing fixtures or apparatus must be adequately designed for the purpose intended and must be installed in accordance with the New Brunswick plumbing regulations.   |
|          | Cosmetologists must wash their hands thoroughly before performing a service.   |
| J        | Washrooms must have single use towels or paper towels for each customer and/or an air hand dryer.  |
| K        | Cosmetologists must have a covered container for disinfection purposes   |

I hereby confirm, I/we will be responsible for all workers in the establishment for following the above By-laws and Policies.

| <b>APPLICANT'S</b> | <b>SIGNATURE:</b> |
|--------------------|-------------------|
|--------------------|-------------------|

This information **MUST** be completed by a **LICENSED ELECTRICIAN** and a **LICENSED PLUMBER**. Each must hold a valid license with the **Department of Public Safety** (Safety Code Branch). All information is to be filled in and a copy of their valid license <u>must</u> be submitted with the application.

**LICENSED** 

| ELECT                      | RICIAN    |  |              |                              |                                      |  |
|----------------------------|-----------|--|--------------|------------------------------|--------------------------------------|--|
| I,                         | Nam       | e of licensed Electrician (PRINTED)  | Of,          | Name of Contractor/C         | Name of Contractor/Company (PRINTED) |  |
|                            | •         | hat all electrical fixtures or outlets in t<br>in accordance with the New Brunswic                                 |              | <u> </u>                     | juately designed and have            |  |
| Signat                     | ture:     |  |              | Inspection date:             | (DD/MM/YYYY)                         |  |
| Licens                     | se numb   | er:  |              | Expiry date:                 | (DD/MM/YYYY)                         |  |
| Contractor license number: |           |  | Expiry date: | (DD/MM/YYYY)                 |                                      |  |
|                            |           | Inspected existing electrical only   |              |                              |                                      |  |
|                            |           | I HAVE INCLUDED A COPY OF MY VA<br>SAFETY  | ALID LICENSI | ETHAT I HOLD WITH THE DE     | PARTMENT OF PUBLIC                   |  |
| LICEN                      | SED PLU   | MBER   |              |                              |                                      |  |
|                            | y state t | e of licensed Plumber (PRINTED)<br>hat all plumbing fixtures or apparatus<br>talled in accordance with the New Bru |              | <b>.</b>                     |                                      |  |
| Signat                     | ture:     |  |              | Inspection date:             | (DD/MM/YYYY)                         |  |
| Licens                     | se numb   | er:  |              | Expiry date:                 | (DD/MM/YYYY)                         |  |
| Contractor license number: |           |  | Expiry date: | (DD/MM/YYYY)                 |                                      |  |
|                            |           | Inspected existing plumbing only   |              |                              |                                      |  |
|                            |           | I HAVE INCLUDED A COPY OF MY VA  | ALID LICENSI | THAT I HOLD WITH THE DE      | PARTMENT OF PUBLIC                   |  |
| PLUM                       | IBING PE  | <b>ERMIT#:</b> Issued by the   | department   | of Public Safety/Technical S | ervice Branch                        |  |

## SALON INSPECTION CHECKLIST

The following list is to help you prepare for your initial inspection, as well as future inspections. You are not required to submit this check list to the CANB. It is for your convenience.

| Adequate lighting and ventilation  |
|--|
| Separate from restaurant or other business handling food that is unwrapped                                       |
| Floors, walls and ceilings must be in clean condition at all times   |
| Covered sanitizer (disinfectant) for each cosmetologist  |
| Each cosmetologist must have a separate covered container for sanitized implements                               |
| A sign displayed on the outside of the premises, during hours of operation.                                      |
| Proof of valid licenses.   |
| Dust free container for clean towels and linens and separate covered bin or hamper for soiled towels and linens  |
| Employ or be a certified cosmetologist   |
| A sink in the room or adjacent to the room where services are being offered                                      |
| Salon is separate from the living quarters   |
| A separate entrance to the salon, which does not require entry or visibility into the living quarters            |
| A washroom for the exclusive use of clients, which does not require entry or visibility into the living quarters |
| Single use towels or disposable paper towel and/or air hand dryer in the client's washroom                       |