



THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123
Phone: (614) 466-3834 Fax: (614) 644-6880 www.cos.ohio.gov

SALON LICENSE APPLICATION INSTRUCTIONS AND INFORMATION

- All requirements must be completed and your business ready to open within 30 days of submitting this application.
- Processing of this application may take thirty (30) days. Incomplete applications will be returned.
- If a salon has an existing Administrative Action a change of ownership, name or location cannot take place until the Administrative Action process is closed.
- If establishing two (2) salons within one location, such as a manicuring salon and esthetics salon a separate application and fee is required for each salon.
- The application must be signed where required and notarized.
- Upon receipt and processing of the application, a business license will be ordered and mailed to the salon address. Please make sure you have a mailbox or receptacle in place to receive mail, otherwise your license will be returned to us as undeliverable mail and will delay your ability to open. Once you receive the business license you are permitted to open.

If you would like the initial license mailed to an address other than the salon address, please list the information below and include this page with the remaining application pages. Please note that this address can only be used for the initial licenses, all other correspondence will be mailed to the actual salon address.

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

- Salons must comply with all state and local zoning, building and plumbing codes.
- If the local building department does not regulate plumbing, contact the Ohio Department of Commerce at 1-800-822-3208 or 614-644-2622 to arrange a plumbing inspection.
- Any salon which is not connected to a sewer system must contact the Ohio Environmental Protection Agency (EPA) at 800-329-7518 to ensure the salon is in compliance with ground water regulations.
- Salons must comply with all Ohio laws and rules governing cosmetology. A complete list of the laws and rules can be viewed on our website: www.cos.ohio.gov under the Laws and Rules.
- Any person providing any cosmetology related service must be properly licensed by the Ohio State Board of Cosmetology. The status of a license can be verified on the following website: <https://license.ohio.gov>
- A managing licensee is required to be present in the salon at all times in which the salon is open.
- Salon licenses are not transferable from owner to owner or location to location.
- All salon licenses, renewal applications, and correspondence are mailed to the salon address.

SALON PHONE NUMBER:	
SALON WEBSITE:	
SALON E-MAIL:	

OWNERSHIP INFORMATION

<p>Sole - Proprietorship (one owner)</p> <p>Owner DOB _____/_____/_____</p> <p align="center">Month Date Year</p>	<p>NAME: _____</p> <p>STREET: _____</p> <p>CITY: _____</p> <p>STATE: OHIO COUNTY: _____ ZIP CODE: _____</p> <p>SSN# _____ PHONE NUMBER: _____</p> <p>OHIO COSMETOLOGY BOARD ID: _____ (IF LICENSED)</p>
<p>Partnership (two or more owners)</p> <p>Owner DOB _____/_____/_____</p> <p align="center">Month Date Year</p> <p>Owner DOB _____/_____/_____</p> <p align="center">Month Date Year</p>	<p>NAME: _____</p> <p>STREET: _____</p> <p>CITY: _____</p> <p>STATE: OHIO COUNTY: _____ ZIP CODE: _____</p> <p>SSN# _____ PHONE NUMBER: _____</p> <p>OHIO COSMETOLOGY BOARD ID: _____ (IF LICENSED)</p> <p>NAME: _____</p> <p>STREET: _____</p> <p>CITY: _____</p> <p>STATE: OHIO COUNTY: _____ ZIP CODE: _____</p> <p>SSN# _____ PHONE NUMBER: _____</p> <p>OHIO COSMETOLOGY BOARD ID: _____ (IF LICENSED)</p>
<p>Corporation or LLC</p>	<p>CORPORATION NAME: _____</p> <p>STREET: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP CODE: _____</p> <p>FEIN: _____ PHONE NUMBER: _____</p>

RESPONSIBLE PARTY CONTACT INFORMATION

<p>Provide the name, address & phone number of the owner, business partner or corporate officer who can be contacted during regular business hours and who should receive a copy of any Administrative Action documents resulting from an inspection.</p>	<p>NAME: _____</p> <p>PHONE NUMBER: _____ ALTERNATIVE NUMBER: _____</p> <p>STREET: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP CODE: _____</p> <p>EMAIL ADDRESS: _____</p>
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Business Transaction

If you are purchasing an existing salon with an "ACTIVE" license, involving only a change of ownership, you will need to complete **Affidavit ~ A** OR if you are moving into a location that is vacant and the salon license is in an "ACTIVE" status you must complete **Affidavit ~ B**.

This form does not need to be completed if your salon is a new build or structure and has not previously been issued a license by the Ohio State Board of Cosmetology.

Any questions call 614-644-6121

Affidavit ~ A

State of Ohio, County _____

I, being of sound mind and over twenty-one (21) years of age, swear or affirm that an actual business transaction has occurred regarding the business listed below:

Name of Business _____ License No. _____

Address _____

Type of transaction _____

Signature of Applicant _____

Signature of former Owner or Representative of Owner's Estate in the event of death of Owner _____

(both must be signed in the presence of a notary)

Subscribed in my presence and sworn to me this _____ day of _____ year _____.

Notary Public (Commission Expiration Date Required)

NOTARY SEAL

Affidavit ~ B

In the event of a request to open a new salon at the abandoned site of a former licensed salon.

As the landlord or owner of the building located at:

Street Address: _____

City _____ County _____ Zip Code _____

I, being of sound mind and over twenty-one (21) years of age, swear or affirm that the date the former licensed salon abandoned the above mentioned address was _____

Signature of Landlord or Owner of the building _____

Signature of Applicant _____

Subscribed in my presence and sworn to me this _____ day of _____ year _____.

Notary Public (Commission Expiration Date Required)

NOTARY SEAL

SALON APPLICATION CHECK LIST

By checking the YES boxes you are indicating all requirements have been met and your business will be ready to open within 30 days. Per ORC 4713.14 the use of fraud or deceit in making application for a license or permit may result in Administrative Action.

		Establishment Requirements
YES	NO	
		Local Zoning and Building Depts. have been contacted to obtain correct permits, inspections and zoning requirements.
		Establishment is equipped with adequate supply of hot and cold running water.
		Plumbing meets the requirements of the Ohio Department of Commerce.
		Restroom(s) is available with hot and cold running water.
		Non absorbent floor covering extends in a 3 foot radius from the center of any styling, shampoo service chair or pedicure unit.
		Exhaust and air filtration system meets local and state building codes.
		Business sign is displayed and clearly visible from the street.
		The chemical storage area or cabinet should be adequate to provide for the number of licensees providing services and square footage of the establishment. Examples include, but are not limited to: color bars, cabinets and storage cabinets.
Residential Salon in addition to the above must:		
		Have a separate outside entrance.
		Restroom(s) available within the establishment.
		Meet local zoning requirements.
Barber / Beauty Salon in addition to the above establishment requirements must:		
		Submit applications to both Boards.
		Designate "Cosmetology" and "Barber" workstations.
		Understand and operate under Laws and Rules of both Boards.
Assisted Living or Nursing Home Salons, in addition to the above establishment requirements must:		
		Not store service, sanitizing agents or cleaning products in an operational restroom or resident's room
		Have a restroom(s) located within close proximity to the salon.

General Practice Requirements

YES	NO	
		All licenses must be conspicuously displayed, including establishment, personal and independent contractors.
		Floors, walls and ceilings must be in good condition
		Soiled towels, capes, drapes and similar items must be stored in a closed container
		Clean towels, capes, drapes and similar items must be stored in a closed cabinet or container
		Equipment and tools must be stored in a closed cabinet or container
		Any person providing any cosmetology related service must hold a current active license
		Hospital-grade EPA approved products must be used for sanitation and clean up of blood spills or bodily fluids
		Establishment may only practice the branch of cosmetology in which the salon is licensed to provide
		I have read and understood Ohio Revised Code 4713.41, and Ohio Administrative Code 4713-8, 4713-11, 4713-13, and 4713-15, and attest to same.
		I understand that if an Independent Contractor works in this salon, that both the I.C. and I have responsibilities to be licensed, and both of us have rights and responsibilities under the law to pay taxes, workers compensation insurance, and that further if my salon uses an I.C. I know that they must have an active, valid Managing and Independent Contractor's license at all times.

I understand as a salon owner that the above requirements are set forth as Laws and Rules in Chapters 4713 of the Ohio Revised Code and Ohio Administrative Code and confirm this establishment will abide by these laws and rules.

Affidavit

State of Ohio, _____ county

I swear or affirm that all information contained in this check list and the completed documents are true and accurate to the best of my knowledge and belief.

Signature of Applicant _____
 (Must be signed in presence of notary)

Subscribed in my presence and sworn to me this _____ day of _____ year _____.

 Notary Public (Commission Expiration Date Required)

NOTARY SEAL