



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

Temporary Special Event Permit Application

COMPLETE AND SUBMIT OR FILL THE FORM IN AND THEN PRINT AND FAX this form for approval to provide cosmetology services in a location not licensed by the Board. The Temporary Special Event Permit is only valid for one event lasting no more than one (1) seven (7) day week. A separate application is required for each event. The full name and license identification number is required for each licensee that plans to participate in the event. Return this completed application to the Board office at the address listed above. Please complete this application in its entirety and print clearly to avoid any delay in processing.

SPECIAL EVENT INFORMATION

Select only one of the following event types:

*Charitable Event _____ *Wedding _____ *On-Location Bridal Party _____
*Bridal Show _____ *On-Location Spa Party _____ **Other _____

*Allow fourteen (14) business days for processing.

**Events not listed above must be reviewed and approved by a majority vote of a quorum of the Board and will require sixty (60) days for review, approval, and processing.

Location of Event (Name & Address): _____

City: _____ State: Ohio Zip Code: _____

Date: _____ Time: _____

PARTICIPANT INFORMATION (IF THE CONTACT PERSON IS A PARTICIPANT THEY MUST BE INCLUDED BELOW)

Name: _____ Board License ID Number: _____

CONTACT INFORMATION

Name: _____ Board License ID: _____

Phone: (____) ____ - _____

Address: _____ City/State/Zip: _____

Email: _____ **or Fax:** (____) ____ - _____ (At least one must be provided)

If necessary, additional participants may be listed separately and submitted to the Board with this completed application. Temporary Special Event Permits will be returned to the applicant via **Email or Fax only.**