



# OHIO STATE COSMETOLOGY AND BARBER BOARD

To protect and support the public through regulation and education, while promoting the integrity of the cosmetology and barbering industries.

**1929 GATEWAY CIRCLE GROVE CITY, OHIO 43123**

PHONE: (614) 466-3834 [WWW.COS.OHIO.GOV](http://WWW.COS.OHIO.GOV)

## BARBER SCHOOL LICENSE APPLICATION

Upon receipt and approval of the application, a State Board Inspector will contact you to arrange an initial inspection. You are not permitted to open for business until you received an approved inspection by the Ohio State Cosmetology and Barber Board.

**Business license must be received prior to opening business.**

Schools are required to follow the laws and rules found in Chapter 4709 of the Ohio Revised Code and Chapter 4709 of the Ohio Administrative Code, which govern the practice of barbering in Ohio.

[CLICK HERE](#) to view the Laws and rules.

All individuals providing instruction must be properly licensed with the Ohio State Cosmetology and Barber Board.

The status of a school license can be verified on the following website: <https://license.ohio.gov>

School licenses are not transferable from owner to owner or location to location.

**The completed application and required fee must be mailed to:**

**Ohio State Cosmetology and Barber Board  
1929 Gateway Circle  
Grove City, Ohio 43123**



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## BARBER SCHOOL APPLICATION

**FEE: \$1750.00 (Non-Refundable/Non-Transferable)**  
**MAKE CHECK or MONEY ORDER ONLY**  
**MADE PAYABLE TO: TREASURER STATE OF OHIO**  
**CASH WILL BE RETURNED**

**Anticipated Date to Open:**

\_\_\_ / \_\_\_ / \_\_\_  
 Month Day Year

**Select Only One:**

Private       Adult Education

Program (s) Offered	Clock Hours
Barbering (able to offer all services)	1800
Cosmetology to Barber License	1000

SCHOOL NAME & LOCATION INFORMATION	
<b>SCHOOL NAME</b> (Name must match business sign)	
<b>PREVIOUS NAME</b> (Only if name change)	
<b>SCHOOL ADDRESS</b>	STREET SUITE, UNIT OR STORE NUMBER: CITY: STATE: OHIO      COUNTY:      ZIP CODE:
<b>PREVIOUS ADDRESS</b> (only if this is a change of address)	STREET SUITE, UNIT OR STORE NUMBER: CITY: STATE: OHIO      COUNTY:      ZIP CODE:
<b>SCHOOL PHONE NUMBER</b>	
<b>SCHOOL WEBSITE</b>	
<b>SCHOOL E-MAIL</b>	

## OWNERSHIP INFORMATION

**Sole - Proprietorship**  
(one owner)

**Owner DOB**    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Date      Year

NAME:  
 STREET:  
 CITY:                      STATE: OHIO      COUNTY:  
 ZIP CODE:                      PHONE NUMBER:  
 SSN:                      EMAIL :

**Partnership**  
(two or more owners)

**Owner DOB**    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Date      Year

NAME:  
 STREET:  
 CITY:                      STATE: OHIO      COUNTY:  
 ZIP CODE:                      PHONE NUMBER:  
 SSN:                      EMAIL :

**Owner DOB**    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Date      Year

NAME:  
 STREET:  
 CITY:                      STATE: OHIO      COUNTY:  
 ZIP CODE:                      PHONE NUMBER:  
 SSN:                      EMAIL :

**Owner DOB**    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Date      Year

NAME:  
 STREET:  
 CITY:                      STATE: OHIO      COUNTY:  
 ZIP CODE:                      PHONE NUMBER:  
 SSN:                      EMAIL :

**Corporation or LLC**

NAME:  
 STREET:  
 CITY:                      STATE: OHIO      COUNTY:  
 ZIP CODE:                      PHONE NUMBER:  
 FEIN:                      EMAIL :

**Public School (Adult Education)**

NAME:  
 STREET:  
 CITY:                      STATE: OHIO      COUNTY:  
 ZIP CODE:                      PHONE NUMBER:  
 EMAIL :



If you would like the initial license mailed to an address other than the school address, list that address below. **NOTE: This address can only be used for the initial licenses, all other correspondence will be mailed to the actual school address.**

**Name:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

### **Notice on Collection of Personal Information**

The Ohio State Cosmetology and Barber Board collects personal information on this form principally to identify and evaluate an applicant's qualifications for licensure, issue and renew licensure and enforce the provisions of Section 4713 and 4709 of the Ohio Revised Code. Submission of this information is mandatory and the Board cannot process your application without a complete and accurate profile that includes the information requested. Information submitted to the Board, **excluding** confidential personal information as listed under Section 149.43 of the Ohio Revised Code, may be disclosed in response to a request for public records, to another state or government agency as required by law, or pursuant to a court order. Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666). Licensees may request to review the information maintained by the Ohio State Cosmetology and Barber Board. Questions should be directed to the Board office.

The Ohio State Cosmetology and Barber Board maintains personal information data in an interconnected enterprise licensing data system that is accessed by other agencies authorized to engage in occupational and professional licensing in the state of Ohio. Access to personal information data maintained in the interconnected enterprise licensing system by participating agencies is strictly limited to purposes identified by each participant, in accordance with Section 1347.15 of the Revised Code.

I hereby request that in order to process my application, act upon renewal requests, and to respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with OAC 4713-1-13(E) and (G), 4709-11-01 (D), (J) and (K)

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Signature

Date

**FLOOR PLAN REQUIRED**

Floor plan shall be drawn to scale, showing in detail the size of the premises, and each room contained therein, and describe any areas accessible to the school through doors or any other openings, all equipment, and all plumbing fixtures. All room shall be labeled as to use. This floor plan shall be legible and clearly labeled.

**Affirmation**

I hereby affirm that I am an owner, director, or an officer of the corporation, and attest that if this application for a license to operate a school of barbering is approved and such license issued, I will comply with the laws and rules of the Ohio State Cosmetology and Barber Board as they relate to a school of barbering and will comply with Chapter 4709 of the Ohio Revised Code and Chapter 4709 of the Ohio Administrative Code which govern the practice of barbering in Ohio.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Business Transaction**

**Affidavit ~A** Complete if you are purchasing an existing School with an "ACTIVE" license, involving only a change of ownership.

**Affidavit ~ B** Complete if you are moving into a location that is vacant and the School license is in an "ACTIVE" status.

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

**Affidavit ~ A**

State of Ohio, County of \_\_\_\_\_

I, hereby swear or affirm that an actual change of ownership has occurred regarding the business listed below.

Name of Business \_\_\_\_\_ Current School License # \_\_\_\_\_

Address \_\_\_\_\_

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)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

**NOTARYSEAL**

\_\_\_\_\_  
Notary Public (Commission Expiration Date Required)

**Affidavit ~ B**

In the event of a request to open a new School in the vacated address of a former licensed School where an active salon license is still present.

As the landlord or owner of the building located at:

Street Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

I, hereby swear or affirm the former licensed salon has vacated the above mentioned address.

Signature of Landlord or Owner of the building \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public (Commission Expiration Date Required)

School Name:

List all Teachers:

Name	License Number	Program of Instruction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all Administrators:

Name	License Number (If Applicable)
_____	_____
_____	_____
_____	_____
_____	_____

BR005 01212018



## **The following items are required:**

- ⇒ **Floor plan requirement: Must be professional drawings .**
- ⇒ **Copy of course outline and syllabus for each program to be offered.**
- ⇒ **Sample of timesheet used for daily recording of student hours.**
- ⇒ **Copy of student contract.**
- ⇒ **Copy of school policies** (Example: Student Handbook, refund policy, student transfer policy etc.)
- ⇒ **Copy of school handbook/catalog of courses to be offered.**
- ⇒ **List of all equipment.**
- ⇒ **List of instructional/reference materials available to students.**
- ⇒ **Schedule of all classes for the first year.**
- ⇒ **Copy of final Building/Occupancy Permit.** (Must have by scheduled inspection)
- ⇒ **Copy of final Plumbing Inspection.** (Must have by scheduled inspection)
- ⇒ **Letter from Bonding Company for \$10,000.00 (Ten Thousand dollars)**