



# 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)

## RESIDENTIAL SALON LICENSE APPLICATION

If a salon has an existing disciplinary action, a change of ownership or name change may not take place until the action has been closed. You may contact the Board office to verify the status of a license.

If establishing two (2) types of salons within one location (e.g. Manicuring and Esthetics), a separate application and fee is required for each.

Once the application has been approved, a business license will be mailed to the salon address listed. If you have not received your license within thirty (30) days of submitting the application, please contact the Board office.

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

Salons are required to follow the laws and rules found in Chapter 4713 of the Ohio Revised Code and Chapter 4713 of the Ohio Administrative Code, which govern the (practice of cosmetology) in Ohio.

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

Salons are required (ORC 4713.081) to post the Sanitary Standards provided by the Board in a public and conspicuous place in the salon. [CLICK HERE](#) to access a copy of the standards.

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

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

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

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

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

**Faxed applications will not be accepted.**

**If you have questions or concerns call: 614-644-6121**



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## RESIDENTIAL SALON APPLICATION

**FEE: \$75.00 (Non-Refundable/Non -Transferable)**

**MAKE CHECK or MONEY ORDER ONLY**

**MADE PAYABLE TO: TREASURER STATE OF OHIO**

**CASH WILL BE RETURNED**

**Application is a fill-in document and must be typed.  
Applications that are illegible will be returned.**

TYPE OF APPLICATION (Select only one type per application)			
Cosmetology Salon (Hair, Nail, Skin Services ) New	Change of Name	Change of Location	Change of Ownership
Manicuring Salon (Nail Services Only) New	Change of Name	Change of Location	Change of Ownership
Esthetics Salon (Skin Services Only ) New	Change of Name	Change of Location	Change of Ownership
Hair Design Salon (Hair Services Only ) New	Change of Name	Change of Location	Change of Ownership
Natural Hair Salon (Braiding and Natural Hair Services ) New	Change of Name	Change of Location	Change of Ownership
SALON NAME & LOCATION INFORMATION			
SALON NAME (Name must match business sign)			
SALON ADDRESS	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>SALON PHONE NUMBER</b>	
<b>SALON WEBSITE</b>	
<b>SALON E-MAIL</b>	

**OWNERSHIP INFORMATION- Complete only ONE (1) type of ownership**

<p><b>Sole - Proprietorship</b> (one owner)</p> <p><b>Owner DOB</b>    <u>      </u> / <u>      </u> / <u>      </u>                              Month    Date    Year</p>	<p>NAME:</p> <p>STREET:</p> <p>CITY:                        STATE: OHIO            COUNTY:</p> <p>ZIP CODE:                        PHONE NUMBER:</p> <p>SSN:                                EMAIL :</p>
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<p><b>Partnership</b> (two or more owners)</p> <p><b>Owner DOB</b>    <u>      </u> / <u>      </u> / <u>      </u>                              Month    Date    Year</p>	<p>NAME:</p> <p>STREET:</p> <p>CITY:                        STATE: OHIO            COUNTY:</p> <p>ZIP CODE:                        PHONE NUMBER:</p> <p>SSN:                                EMAIL :</p>
<p><b>Owner DOB</b>    <u>      </u> / <u>      </u> / <u>      </u>                              Month    Date    Year</p>	<p>NAME:</p> <p>STREET:</p> <p>CITY:                        STATE: OHIO            COUNTY:</p> <p>ZIP CODE:                        PHONE NUMBER:</p> <p>SSN:                                EMAIL :</p>
<p><b>Owner DOB</b>    <u>      </u> / <u>      </u> / <u>      </u>                              Month    Date    Year</p>	<p>NAME:</p> <p>STREET:</p> <p>CITY:                        STATE: OHIO            COUNTY:</p> <p>ZIP CODE:                        PHONE NUMBER:</p> <p>SSN:                                EMAIL :</p>

<p><b>Corporation or LLC</b></p>	<p>NAME:</p> <p>STREET:</p> <p>CITY:                        STATE: OHIO            COUNTY:</p> <p>ZIP CODE:                        PHONE NUMBER:</p> <p>FEIN:                                EMAIL :</p>
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If you would like the initial license mailed to an address other than the salon 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 salon address.**

Name:

Street Address:

City:

State:

Zip Code:

**AUTHORIZED REPRESENTATIVE CONTACT INFORMATION ~ REQUIRED**

The Authorized Representative is the individual legally authorized to sign official correspondence from the Board on behalf of the business.

An Authorized Representative is not required to provide a social security number, but this information may be needed for electronic licensing system access.

**Facility address cannot be used. Address must be for the individual listed as the Authorized Representative.**

NAME:

STREET:

CITY:

STATE:

COUNTY:

ZIP CODE:

PHONE NUMBER:

SSN:

EMAIL :

**NOTE: If you have included confidential personal information in this application, you must sign the "Notice on Collection of Personal Information" below. (Example of confidential personal information is a social security number)**

**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 Sections 4709 and 4713 of the Ohio Revised Codes. Submission of this information is mandatory for all licensees and business owners, 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. Social security numbers are required to be collected from all licensees and licensed business owners by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), and may be necessary for Authorized Representatives for purposes of identification and electronic system access. 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 4709-11 and OAC 4713-13.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Date Salon Will Be Open For Business: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Date Year

If the date reported above changes, you are required to notify the Board by sending an email to: [osbc.inspectors@cos.ohio.gov](mailto:osbc.inspectors@cos.ohio.gov)

**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 salon through doors or any other openings, all equipment, and all plumbing fixtures. This floor plan shall be legible and clearly labeled. All salons attached to a residence shall additionally indicate in their floor plan the exact location of salon and living quarters and obtain proper approval from the local zoning "Board" indicating that cosmetology may be practiced in that location.

**Affirmation**

I affirm that:

- 1) all information contained in this application is true and accurate to the best of my knowledge and belief;
- 2) as the business owner, I understand that I am required to follow the laws and rules found in Chapters 4709 and 4713 of the Ohio Revised and Ohio Administrative Codes, as applicable, which govern the practice of barbering and cosmetology in Ohio; and
- 3) I understand that, while I have until the expiration date of the issued salon license to open for business, I am required to notify the Ohio State Cosmetology and Barber Board of any changes to the **open for business date listed in this application.**

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