



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

SCHOOL LICENSE APPLICATION

If a school 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.

Upon receipt and approval of the application, a State Board Inspector will contact you to arrange an opening 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 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.

Schools 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 instruction must be properly licensed with the Ohio State Cosmetology and Barber Board.

The status of a 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:
The Ohio State Cosmetology and Barber Board
1929 Gateway Circle
Grove City, Ohio 43123**

If you have questions or concerns call: 614-644-6099



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SCHOOL APPLICATION

Anticipated Date to Open:

FEE: \$250.00 (Non-Refundable/Non-Transferable)
MAKE CHECK or MONEY ORDER ONLY
MADE PAYABLE TO: TREASURER STATE OF OHIO
CASH WILL BE RETURNED

___ / ___ / ___
 Month Day Year

Select Only One:

Private Career Technical Adult Education

Program (s) Offered	Clock Hours	Combined Program	Advanced
Cosmetology (able to offer all services)	1500	1800	Stand Alone Advanced 300
Manicuring Program (limited to nail services)	200	300	Stand Alone Advanced 100
Esthetics Program (limited to skin services)	600	750	Stand Alone Advanced 150
Hair Design Program (limited to hair services)	1200	1440	Stand Alone Advanced 240
Natural Hair Program (limited to braiding services)	450	600	Stand Alone Advanced 150
Other (Combination Programs)			

SCHOOL NAME & LOCATION INFORMATION

SCHOOL NAME (Name must match business sign)	
PREVIOUS NAME (Only if name change)	
SCHOOL ADDRESS	STREET SUITE, UNIT OR STORE NUMBER: CITY: STATE: OHIO COUNTY: ZIP CODE:
PREVIOUS ADDRESS (only if this is a change of address)	STREET SUITE, UNIT OR STORE NUMBER: CITY: STATE: OHIO COUNTY: ZIP CODE:

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:

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.

NAME:

STREET:

CITY:

STATE: OHIO

COUNTY:

ZIP CODE:

PHONE NUMBER:

SSN:

EMAIL :

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.

In the matter of a Partnership **ALL** partners are required to sign and date this form.

Signature

Date

Signature

Date

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 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 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 cosmetology 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 cosmetology and will comply with Chapter 4713 of the Ohio Revised Code and Chapter 4713 of the Ohio Administrative Code which govern the practice of cosmetology in Ohio.

Signature of Applicant _____ Date _____

Business Transaction

Affidavit-Complete if you are purchasing an existing salon with an "ACTIVE" license, involving only a change of ownership.

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

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)

School Name:

List all Instructors:

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

List all Administrators:

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

The following items are required:

- ⇒ **Floor plan requirement:** Must be architectural drawings electronically submitted.
Drawing must include an architectural seal.
- ⇒ **Copy of course outline and syllabus for each program to be offered.**
- ⇒ **Break down of hours for each program offered.**
- ⇒ **Sample of timesheet used for daily recording of student hours.**
- ⇒ **Copy of student contract. (Must meet OAC 4713-3-13 requirements)**
- ⇒ **Copy of school policies** (Example: Student Handbook, refund policy, student transfer policy etc.)
- ⇒ **Copy of school handbook/catalog of courses to be offered.**
(Must meet OAC 4713-3-12 requirements)
- ⇒ **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)**