



# 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](http://www.cos.ohio.gov)

**FEE: No Fee Required**

## BOUTIQUE SERVICE REGISTRATION APPLICATION

Name Last	First	Middle	Maiden	
Street Address		City	State	Zip
Ohio County of Residence	Date of Birth (MM/DD/YYYY)		Social Security Number	
( )				
Contact Number			Email Address	
Name of Salon/Boutique Salon where boutique services will be provided			Salon License Number	
Address of Boutique Salon where boutique services will be provided			Salon Contact Number	

Check one (1) Boutique Registration type: Braiding  Threading (Eyebrow)  Shampooing

"Braiding" means intertwining the hair in a systematic motion to create patterns in a three-dimensional form, inverting the hair against the scalp along part of a straight or curved row of intertwined hair, or twisting the hair in a systematic motion, and includes extending the hair with natural or synthetic hair fibers.

"Threading" includes a service that results in the removal of hair from its follicle from around the eyebrows and from other parts of the face with the use of a single strand of thread and an astringent, if the service does not use chemicals of any kind, wax, or any implements, instruments, or tools to remove hair. (Emphasis Added)

"Shampooing" means the act of cleansing and conditioning an individual's hair under the supervision of an individual licensed under this chapter and in preparation to immediately receive a service from a licensee.

Do you hold an occupational license, certification, or registration to provide beauty services in another state?

Yes       No      If yes, list type: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever had an occupational license, certification, or registration suspended, revoked, or denied in any state?

Yes       No

A copy of applicant's current, valid driver's license or State ID with picture must be submitted with this application.

All applicants for a Boutique Services Registration must submit documentation indicating the equivalent of a tenth grade education. An education record/transcript or a copy of a diploma or a GED certificate must accompany this application.

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

*The Ohio State Board of Cosmetology 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 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 Board of Cosmetology. Questions should be directed to the Board office.*

*The Ohio State Board of Cosmetology 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).*

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Signature

Date

**THIS PAGE MUST BE SIGNED AND RETURNED ALONG WITH THIS APPLICATION .**



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## TRAINING OR APPRENTICESHIP AFFIDAVIT

This is to confirm formal training or an apprenticeship has been completed by the person submitting this application

I \_\_\_\_\_, hereby swear or affirm that \_\_\_\_\_  
(Person who provided formal training or apprenticeship) ( person seeking registration)

Has completed formal training or an apprenticeship to provide the following Boutique Service.( select only one)

- \_\_\_\_\_ Braiding
- \_\_\_\_\_ Threading
- \_\_\_\_\_ Shampooing

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
(Person who provided formal training or apprenticeship) Date

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

Notary Seal

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC (Commission expiration date required)