



THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123
Phone: (614) 466-3834 www.cos.ohio.gov

SALON LICENSE APPLICATION

If a salon has an existing disciplinary action, a change of ownership or name change cannot 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 Board of Cosmetology.

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 Board of Cosmetology
1929 Gateway Circle
Grove City, Ohio 43123**

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



THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123
Phone: (614) 466-3834 www.cos.ohio.gov

SALON LICENSURE APPLICATION

FEE: \$75.00 (Non-Refundable/Non –Transferable)
MAKE CHECK or MONEY ORDER ONLY
MADE PAYABLE TO: TREASURER STATE OF OHIO

If your salon is a new build/structure and has NOT been previously issued a licensed by the Ohio State Board of Cosmetology, completing page 5 of this application is NOT required.

TYPE OF APPLICATION (Select only one type per application)				
Cosmetology Salon (Hair, Nail, Skin Services)	New Salon	Change of Location	Change of Business Name	Change of Ownership
Manicuring Salon (Nail Services Only)	New Salon	Change of Location	Change of Business Name	Change of Ownership
Esthetics Salon (Skin Services Only)	New Salon	Change of Location	Change of Business Name	Change of Ownership
Hair Design Salon (Hair Services Only)	New Salon	Change of Location	Change of Business Name	Change of Ownership
Natural Hair Salon (Braiding and Natural Hair Services)	New Salon	Change of Location	Change of Business Name	Change of Ownership
SALON NAME & LOCATION INFORMATION				
SALON NAME (Name must match business sign)				
SALON ADDRESS	STREET			
	SUITE, UNIT OR STORE NUMBER:			
PREVIOUS ADDRESS (only if this is a change of address)	CITY:			
	STATE: OHIO		COUNTY:	ZIP CODE:
	STREET:			
	SUITE,UNIT OR STORE NUMBER:			
	CITY:			
	STATE: OHIO		COUNTY:	ZIP CODE:

SALON PHONE NUMBER:	
SALON WEBSITE:	
SALON E-MAIL:	
OWNERSHIP INFORMATION - <i>Complete Only ONE (1) Type of Ownership</i>	
<p>Sole - Proprietorship (one owner)</p> <p>Owner DOB <u> </u> / <u> </u> / <u> </u> Month Date Year</p>	<p>NAME: STREET: CITY: STATE: OHIO COUNTY: ZIP CODE: PHONE NUMBER: SSN: EMAIL :</p>
<p>Partnership (two or more owners)</p> <p>Owner DOB <u> </u> / <u> </u> / <u> </u> Month Date Year</p> <p> </p> <p>Owner DOB <u> </u> / <u> </u> / <u> </u> Month Date Year</p> <p> </p> <p>Owner DOB <u> </u> / <u> </u> / <u> </u> Month Date Year</p>	<p>NAME: STREET: CITY: STATE: OHIO COUNTY: ZIP CODE: PHONE NUMBER: SSN: EMAIL :</p> <p> </p> <p>NAME: STREET: CITY: STATE: OHIO COUNTY: ZIP CODE: PHONE NUMBER: SSN: EMAIL :</p> <p> </p> <p>NAME: STREET: CITY: STATE: OHIO COUNTY: ZIP CODE: PHONE NUMBER: SSN: EMAIL :</p>
<p>Corporation or LLC</p>	<p>NAME: STREET: CITY: STATE: OHIO COUNTY: ZIP CODE: PHONE NUMBER: FEIN: EMAIL :</p>

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.

Salon 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 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. 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).

Signature

Date

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

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 salon owner, I understand that I am 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; 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 Board of Cosmetology of any changes to the **open for business date listed in this application.**

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 salon is a new build or structure and has not previously been issued a license by the Ohio State Board of Cosmetology.

Affidavit

State of Ohio, County _____

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

Name of Business _____ Current Salon 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)

Subscribed in my presence and sworn to me this _____ day of _____ year _____.

Notary Public (Commission Expiration Date Required)

NOTARY SEAL