



THE OHIO STATE BOARD OF COSMETOLOGY

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 cannot 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 Board of Cosmetology

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 Board of Cosmetology.

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 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

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:

SCHOOL PHONE NUMBER	
SCHOOL WEBSITE	
SCHOOL E-MAIL	

OWNERSHIP INFORMATION

<p>Sole - Proprietorship (one owner)</p> <p>Owner DOB ____ / ____ / ____ 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>Partnership (two or more owners)</p> <p>Owner DOB ____ / ____ / ____ Month Date Year</p> <p>Owner DOB ____ / ____ / ____ Month Date Year</p> <p>Owner DOB ____ / ____ / ____ 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>NAME:</p> <p>STREET:</p> <p>CITY: STATE: OHIO COUNTY:</p> <p>ZIP CODE: PHONE NUMBER:</p> <p>SSN: EMAIL :</p> <p>NAME:</p> <p>STREET:</p> <p>CITY: STATE: OHIO COUNTY:</p> <p>ZIP CODE: PHONE NUMBER:</p> <p>SSN: EMAIL :</p>
<p>Corporation or LLC</p>	<p>NAME:</p> <p>STREET:</p> <p>CITY: STATE: OHIO COUNTY:</p> <p>ZIP CODE: PHONE NUMBER:</p> <p>FEIN: EMAIL :</p>
<p>Public School (Career Technical)</p>	<p>NAME:</p> <p>STREET:</p> <p>CITY: STATE: OHIO COUNTY:</p> <p>ZIP CODE: PHONE NUMBER:</p> <p>EMAIL :</p>

OWNERSHIP INFORMATION

You must provide the names and addresses of all owners, partners, managing members of limited liability companies (LLC) and/or corporate directors with a five percent share of larger of the business. For corporate and limited liability companies, the names of the individuals who are incorporating the school, the top officers of the corporation and the top management shall be included. All other schools shall include the names of the individuals who will be managing or directing the day-to-day activities of the school.

Owner Information
(Corporate or LLC only)

Owner DOB _____/_____/_____
 Month Date Year

Owner DOB _____/_____/_____
 Month Date Year

Owner DOB _____/_____/_____
 Month Date Year

Owner DOB _____/_____/_____
 Month Date Year

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

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

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 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

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

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 State Board of Cosmetology 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 Board of Cosmetology.

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)**