



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

Temporary Event Salon License Application

FEE: \$10.00

(Non-Refundable/Non –Transferable)

MAKE CHECK or MONEY ORDER ONLY

MADE PAYABLE TO: TREASURER STATE OF OHIO

CASH WILL BE RETURNED

- The Temporary event salon license will be mailed to the address listed in the contact information.
- A Temporary Event Salon license is valid until the expiration date printed on the license and is valid for the premise where the event is held.
- All event locations must be reported to the board **prior** to the event by submitting the Temporary Event Location Change form located at: www.cos.ohio.gov .

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: OHIO Zip Code: _____

Salon License Number (if applicable) _____ Phone: _____

Email: _____

Affidavit

State of Ohio, _____ county

I swear or affirm that:

- 1) all information contained in this application is true and accurate to the best of my knowledge and belief; and
- 2) the salon premise(s) for the temporary event(s) will meet the conditions for a salon license under chapter 4713.41 of the Ohio Revised Code.

Signature of Applicant _____
(Must be signed in presence of notary)

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

NOTARY SEAL

Notary Public (Commission Expiration Date)

