



# THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123  
Phone: (614) 466-3834 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](http://www.cos.ohio.gov) .
- Temporary Event Salon License must be available at each event.

### CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: OHIO Zip Code: \_\_\_\_\_

Salon License Number (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Personal License Number (if applicable) \_\_\_\_\_

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)

