Ohio State Cosmetology and Barber Board

To protect and support the public through regulation and education, while promoting the integrity of the cosmetology and barbering industries.

1929 Gateway Circle Grove City, Ohio 43123

Phone: (614) 466-3834 www.cos.ohio.gov

NO FEE REQUIRED

BARBER SHOP REMODEL APPLICATION

THIS FLOOR PLAN MUST BE POSTED IN THE BARBER SHOP

Application must be typed or printed

Shop Name:_____ Shop Phone No. _____Shop ID No._____

_____

Address City Zip code County

Barber in Charge_____ID No._____

ALL SHOPS MUST HAVE A SINK AT EACH WORK STATION NOT MORE THAN 5FT. FROM THE CENTER OF THE BARBER CHAIR

A legible drawing must be completed by all applicants, including those applying for a change of ownership or change of shop name.

Do not submit blueprints or other sketches

NOTE: the drawing is to include: walls, windows, doors and all rooms including restrooms, tanning and manicurist. CLEARLY LABEL ALL EQUIPMENT. All dimensions must be shown, including distance between chairs and sinks. Resident shop floor plan include shop location in relation to the living quarters. If Barber/ Beauty combination, both must be drawn. If only renting a chair (self-employed) you must sketch the entire shop and clearly indicate the location of your chair.

_____

Owner Name (Please Print) Owner Signature

License Number: _____

Inspector Signature: _____ Date: _____