



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

BARBER SHOP LICENSE APPLICATION

If establishing two (2) types of businesses within one location (e.g. Barbering and Cosmetology), a separate application and fee is required for each.

Once the application has been approved, an initial inspection will be arranged and a business license will be mailed to the shop upon a successful inspection.

Business license must be received prior to opening business.

Shops are required to follow the laws and rules found in Chapter 4709 of the Ohio Revised Code and Chapter 4709 of the Ohio Administrative Code, which govern the practice of barbering in Ohio.

[CLICK HERE](#) to view the Laws and rules.

All individuals providing barber services must be properly licensed with the Ohio State Cosmetology and Barber Board.

In order for a person to qualify for a license to operate a barber shop, the barber shop shall be in the charge and under the immediate supervision of a licensed barber.

If the "Barber In Charge" is leasing space, a separate barber shop application is required to be submitted for chair rental.

Barber shops are required to have all necessary plumbing permits and inspections from the Ohio Department of Health or the appropriate local agency.

The status of a license can be verified on the following website: <https://license.ohio.gov>

Shop licenses are not transferable from owner to owner or location to location.

The completed application and required fee must be mailed to:

**Ohio State Cosmetology and Barber Board
1929 Gateway Circle
Grove City, Ohio 43123**



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

BARBER SHOP LICENSE APPLICATION

FEE: \$110.00 (Non-Refundable/Non –Transferable)

Check or Money Order Made Payable To: Treasurer State of Ohio

TYPE OF APPLICATION					
(Select only one type per application)					
BARBER SHOP	New Shop	Change of Location	Change of Business Name	Change of Ownership	Chair Rental
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SHOP NAME & LOCATION INFORMATION	
SHOP NAME	
SHOP 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:

SHOP PHONE NUMBER:	
SHOP E-MAIL:	
NAME & LICENSE # OF LICENSED BARBER IN CHARGE:	

NOTE: If the "Barber In Charge" is leasing space, a separate barber shop application is required to be submitted for chair rental.

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

OWNERSHIP INFORMATION

Sole - Proprietorship
(one owner)

Owner DOB _____/_____/_____
 Month Date Year

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

Partnership
(two or more owners)

Owner DOB _____/_____/_____
 Month Date Year

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

Owner DOB _____/_____/_____
 Month Date Year

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

Owner DOB _____/_____/_____
 Month Date Year

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

Corporation or LLC

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

If you would like a mailing address different than the shop address, list that address below.

Name:

Street Address:

City:

State:

Zip Code:

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 Cosmetology and Barber Board 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 Sections 4709 and 4713 of the Ohio Revised Codes. Submission of this information is mandatory for all licensees and business owners, 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. Social security numbers are required to be collected from all licensees and licensed business owners by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), and may be necessary for Authorized Representatives for purposes of identification and electronic system access. Licensees may request to review the information maintained by the Ohio State Cosmetology and Barber Board. Questions should be directed to the Board office.

The Ohio State Cosmetology and Barber Board 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 4709-11 and OAC 4713-13.

Signature

Date

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 shop owner, I understand that I am required to follow the laws and rules found in Chapter 4709 and 4713 of the Ohio Revised Code and Chapter 4709 and 4713 of the Ohio Administrative Code, which govern the practice of cosmetology and barbering in Ohio;

Signature of Applicant _____ Date _____

Business Transaction

Affidavit ~A Complete if you are purchasing an existing shop with an "ACTIVE" license, involving only a change of ownership.

Affidavit ~ B Complete if you are moving into a location that is vacant and the shop license is in an "ACTIVE" status.

This form does not need to be completed if your shop is a new build or structure and has not previously been issued a license by the Ohio State Cosmetology and Barber Board.

Affidavit ~ A

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 Shop 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

Affidavit ~ B

In the event of a request to open a new shop in the vacant address of a former licensed shop where an active shop license is still present.

As the landlord or owner of the building located at:

Street Address: _____

City _____ County _____ Zip Code _____

I, hereby swear or affirm the former licensed shop has vacated the above mentioned address.

Signature of Landlord or Owner of the building _____

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

Notary Public (Commission Expiration Date Required)

NOTARY SEAL

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.

A large grid of graph paper, consisting of 20 columns and 25 rows of small squares, intended for drawing a shop floor plan.

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.