

IDAHO STATE BOARD OF BARBER EXAMINERS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063
Phone (208) 334-3233 Fax (208) 334-3945
www.ibol.idaho.gov Shop@ibol.idaho.gov

APPLICATION FOR CONTIGUOUS BARBER ESTABLISHMENT LICENSE

*****INSTRUCTIONS*****

Please use this application if you:

1. Want to license your station within an already licensed Primary Shop; or
2. Are moving your Contiguous Shop from one Primary Shop to another Primary Shop.

Note: Page 1 of this form is to be completed and signed by the person(s) licensing the Contiguous Shop. Page 2 of this form contains the Primary Shop Information. This information must be completed and signed by the Primary Shop owner(s). The signature(s) must be notarized.

Checklist Use the checklist below to be sure all needed information is attached.

- Application is fully filled out. Submitting incomplete applications will delay processing.
- The \$50 fee is attached with checks or money orders payable to "Bureau of Occupational Licenses." Note: All returned checks are subject to a \$20.00 fee.
- The Contiguous Shop owner must sign the application and have their signature notarized.
- The Primary Shop owner must sign the Primary Shop Information on the application and have their signature notarized.
- The anticipated opening date must be listed. Establishments may not open before a valid license has been issued. Please allow 10 business days for processing.
- Please review the Idaho Laws and Rules for more information regarding the licensure of Barber establishments at www.ibol.idaho.gov.

NOTE: Contiguous Shop licenses are not transferable from one Primary Shop to another. You need to only hold one Contiguous Shop license per Primary Shop. You may only operate within areas that are designated as Contiguous Shop areas by the owner of the Primary Shop. You are responsible for the sanitation requirements in any station where you are working.

APPLICATION FOR CONTIGUOUS BARBER ESTABLISHMENT LICENSE

I hereby make application for a **Contiguous Barber Establishment** license. The license will expire on the anniversary date of issue. The required fee of \$50.00 is enclosed. Licenses will not be prorated for a partial year. The Primary license must be current in order to obtain a Contiguous license.

1. **Name of Contiguous Shop (name of your station)**_____

2. **Primary Shop Location Address**_____

(This is a public record) street city state zip

3. **Shop Phone #**_____ **Fax #**_____ **Contact Phone #**_____

(The above phone number is a public record)

4. **Mailing Address**_____

street city state zip

Name of Contiguous Shop Owner (NOTE: Processing will be delayed for applications that do not include the owner's Social Security Number(s). Social Security Numbers are required by Idaho Code § 73-122 on all applications for licensure.)

5. **Contiguous Owner Name** _____

Owner Social Security Number _____

Business Employer Identification Number (E.I.N.) if applicable _____

Owner Personal Cosmetology or Barber license if applicable _____

Contiguous Owner E-mail _____

7. **Anticipated opening date** _____

(The appropriate shop license must be in your possession and conspicuously posted in the shop before offering services.)

8. **Do you currently have a shop license?** YES NO

If YES, give shop name _____, shop license # _____, and shop address _____.

9. **Do you want that shop license put out of business?** YES NO

AFFIDAVIT

I hereby certify that the above named establishment meets the licensure requirements as outlined by Idaho Laws and Rules governing contiguous shop areas including the sanitation rules. I certify that I agree to assume all responsibility for the ownership and current licensure of this Contiguous establishment. I certify that the information recorded hereon is correct to the best of my knowledge and belief.

Signature of Contiguous Shop owner

Date

This box is for notary use only

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

PRIMARY ESTABLISHMENT (SHOP) INFORMATION

1. **Name of Primary Shop** _____
2. **Shop Location Address** _____
street city state zip

3. **Mailing Address** _____
street city state zip

(The Bureau maintains ONE mailing address for each person. The above will be your only mailing address with the Bureau and is not a public record. All mailed correspondence and documents from the Bureau regarding this application or any other application or license will be sent to you at this address.)

4. **Please check the appropriate box below and insert the shop license number**

[] **Primary Barber Shop - license # BS-**_____ **or** [] **Cosmetology Shop # CS-**_____

5. **Shop Phone #**_____ **Fax #**_____ **E-mail** _____

NOTE: Please notify the Bureau if there are any Contiguous Shop licenses associated with this Primary Shop that need to be placed out of business.

AFFIDAVIT

I hereby certify that the above named Primary establishment is currently licensed by the undersigned and meets the licensure requirements as outlined by Idaho’s Laws and Rules including: a working floor space of adequate dimensions within which to practice; a minimum three (3) foot wide access into all Contiguous Shop areas; toilet facilities, including sink with hot and cold running water, conveniently located and accessible from the Primary area and within the building where the Primary establishment is located; and hot and cold running water and approved drainage system separate from the toilet facilities and available to any Contiguous Shop not containing said facilities within their licensed area. I further certify that I authorize the person named, and whose signature appears on this application, to apply for licensure of and to operate a licensed Contiguous Shop within the above named Primary Shop. I further certify that I am familiar with the city/county planning and zoning regulations affecting the shop listed above and that I assume all responsibility for compliance with them, and that the information recorded hereon is correct to the best of my knowledge and belief. If signing as an authorized agent, I certify that I am authorized to sign this application on behalf of the licensee.

Printed Name of Owner(s) or Authorized Agent(s)

Signature of Owner(s) or Authorized Agent(s)

This box is for notary use only
State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____