

**IDAHO STATE BOARD OF BARBER EXAMINERS
IDAHO STATE BOARD OF COSMETOLOGY
Bureau of Occupational Licenses
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063**

APPLICATION FOR SCHOOL LICENSE

Name of School _____

School Location Address _____
street city state zip

School Mailing Address _____
street city state zip

Business Phone # _____ Fax # _____ E-mail _____
(The above phone number is public record)

Name of School Owner(s) _____

Social Security number _____ Business Employer Identification Number (E.I.N.) _____
(If more than one owner, attach a separate sheet with all owner names & SS#s. Applications that do not include the owner(s) social security number(s) will be returned and the application will not be processed. Social Security numbers are required by § 73-122, Idaho Code on all applications for licensure.)

I hereby make application for a [] Barber School (\$200.00 fee enclosed) or [] Cosmetology School (\$300.00 fee enclosed) license which will expire annually on the anniversary date of issue.

Anticipated opening date _____

Does this application represent a change in location of your school? [] YES [] NO
If YES, give school name _____, school license # _____, and former school address _____.

Has any Barber or Cosmetology school previously existed at this location? [] YES [] NO
If YES, give school name _____, school license # _____, and owner's name _____.

Will a currently licensed Barber or Cosmetology school continue to exist at this location? [] YES [] NO
If YES, give school name _____, school license # _____, and owner's name _____.

AFFIDAVIT

I hereby certify that the above named school meets the licensure requirements as outlined by Idaho Laws & Rules. I further certify that I am familiar with the city/county planning & zoning regulations governing the operation and maintenance of a school and that I assume all responsibility for their compliance. I further certify that the information recorded hereon is true and 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.

Print name of owner or agent

Signature of owner or authorized agent

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

(seal)

Notary Public official signature
my commission expires _____

(SEE DIAGRAM INSTRUCTIONS)

APPLICATION FOR SCHOOL LICENSE

(continued)

A DETAILED CURRICULUM, A SCHOOL CATALOG, THE REQUIRED BOND, AND A COMPLETE LIST OF ALL INSTRUCTORS MUST ACCOMPANY THIS APPLICATION. A SCHOOL LICENSE SHALL BE ISSUED ONLY AFTER AN INSPECTION, CONDUCTED BY THE BOARD OR IT'S AGENT, WHICH CONFIRMS THE SCHOOL'S COMPLIANCE WITH ALL LAWS & RULES.

DIAGRAM INSTRUCTIONS

This application must include an accurate and detailed floor plan of the entire school area, drawn on a separate sheet of eight and one-half inch by eleven inch white paper. **The floor plan must include: all inside dimensions, total square footage, location of all stations, dryers, shampoo bowls and other water sources, restrooms, access areas, and entrances.** If the school is located within a multi-tenet building, please include a drawing of the complete building or residence showing all surrounding or adjacent rooms and the exact location of the school within the building. The floor plan must include the exact measurements of the entire area to be licensed.

CAUTION: Schools may not be located within a residence or be connected by common walls of doors to a cosmetological or barber establishment.

THE APPLICATION WILL NOT BE PROCESSED IF IT IS NOT COMPLETE. THE COMPLETED APPLICATION MUST BE SUBMITTED WITH THE REQUIRED FLOOR PLAN & FEE.

You may address any questions to:

IDAHO STATE BOARD OF BARBER EXAMINERS

or

IDAHO STATE BOARD OF COSMETOLOGY

Bureau of Occupational Licenses

700 West State Street, P.O. Box 83720

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e-mail shop@ibol.idaho.gov