

IDAHO STATE BOARD OF COSMETOLOGY
BUREAU OF OCCUPATIONAL LICENSES
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Boise, Idaho 83720-0063
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www.ibol.idaho.gov Shop@ibol.idaho.gov

APPLICATION FOR PRIMARY/ORIGINAL COSMETOLOGY ESTABLISHMENT (SHOP) LICENSE

*****INSTRUCTIONS*****

Please use this application if you:

1. Are licensing a new shop; or
2. Have moved your shop from one location to another; or
3. Are changing the ownership of your shop.

NOTE: There is a separate application for Contiguous Shops. Licenses are non-transferrable.

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

- Application is fully filled out. The application will not be accepted if it is not complete.
- The \$25 fee is attached with checks and/or money orders payable to "Idaho Bureau of Occupational Licenses." Note: All returned checks are subject to a \$20.00 fee.
- All owners have signed the application(s) and have had their signatures notarized.
- The anticipated opening date is 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 a Barber establishment at www.ibol.idaho.gov OR a Cosmetology establishment at www.ibol.idaho.gov.
- The application includes a detailed and accurate floor plan of the entire area to be licensed, including: inside dimensions, total square footage, location of all stations including all stations that are designated as Contiguous Shop areas, water sources (sinks), restrooms, access areas, and entrances. Establishment licenses are not transferable.

DIAGRAM INSTRUCTIONS

THIS APPLICATION MUST INCLUDE an accurate and detailed floor plan of the entire Primary and Contiguous Shop area on a separate sheet of 8 ½ inch x 11 inch white paper. **The floor plan must include: all inside dimensions, total square footage, location of all stations, water sources (sinks), restrooms, access areas, and entrances.** If the establishment is located within a multi-tenant building or a private residence, please include a drawing of the complete building or residence showing all surrounding or adjacent rooms and the exact location of the shop area within the building or residence. *Primary owner note: Clearly designate, by color highlighting, the Contiguous Shop areas.*

The entire Primary area and any other licensed Contiguous areas should also be clearly shown. The Primary area is defined as all areas not otherwise licensed as Contiguous Shop areas. Access areas are part of the Primary Shop and are those areas used to connect Contiguous Shop areas to the Primary Shop. The Contiguous Shop areas must be directly accessible from the Primary Shop by a minimum three (3) foot wide access area. A minimum three (3) foot wide access area must also connect all Primary areas.

Please keep a copy of your shop diagram for your records. Be sure your diagram includes accurate measurements and is a true representation of your shop. If you remodel or remove, add, and/or move stations, including your primary station, walls and/or doors, or make any other change within the establishment, you **must** submit a new accurate floor plan.

IDAHO BUREAU OF OCCUPATIONAL LICENSES
APPLICATION FOR PRIMARY/ORIGINAL COSMETOLOGY ESTABLISHMENT LICENSE

I hereby make application for a **Cosmetology Establishment** license. The license will expire on the anniversary date of issue. The fee of \$25.00 is enclosed. Licenses are not prorated for a partial year.

1. **Name of Establishment (Shop)** _____
2. **Shop Location Address** _____
street (this address is public record) city state zip
3. **Mailing Address** _____
street city state zip
4. **Shop Phone #** _____ **Fax #** _____ **E-mail** _____
(The above phone number is a public record)
5. **Name of Primary Shop Owner** (Please list all owners. If more than one owner, please complete the addendum.)

Name Street/PO Box, City, State, Zip

SS# or EIN# if business entity Personal cosmetology or barber license # if applicable

NOTE: Processing will be delayed for applications that do not include the owner's Social Security Number or the business Employer Identification Number. Social Security Numbers are required by Idaho Code § 73-122 on all individual applications for licensure.

6. **Anticipated opening date** _____
(The appropriate shop license must be in your possession and conspicuously posted in the shop before offering services.)

7. **Is this an in-home shop?** Yes No

8. **Has any Barber or Cosmetology establishment previously existed at this location?** Yes No

If YES, give business name _____, establishment license # _____,
and owner's name _____
If YES and the license is current, that license (marked "out of business" and signed by the previous owner), or a written statement from the previous owner surrendering ownership OR the premises owner authorizing occupancy, must be submitted with this application.

9. **Does this application represent a change in location of your establishment?** Yes No

If YES, give business name _____, establishment license # _____,
and former establishment address _____

Do you want that license put out of business? Yes No

AFFIDAVIT

I hereby certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of cosmetology including both individual and facility licensure requirements, and that said establishment meets all licensure requirements including: a working floor space of adequate dimensions within which to practice for each station; toilet facilities, including sink with hot and cold running water, conveniently located and accessible from within the building where the establishment is located; and hot and cold running water and approved drainage system separate from the toilet facilities. I certify that I am familiar with the city/county planning and zoning regulations affecting the establishment listed above and that I assume all responsibility for their compliance. I certify that I authorize the continued operation of all contiguous establishments that may be currently licensed at this location. I further certify 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 applicant.

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 _____

IDAHO BUREAU OF OCCUPATIONAL LICENSES

**APPLICATION FOR PRIMARY/ORIGINAL ESTABLISHMENT LICENSE
ADDENDUM**

Additional Names of Primary Shop Owners. Please submit a form for all owners (use additional pages if needed)

Primary Shop Owner printed name

Signature

Personal cosmetology or barber license # if applicable

SS# or EIN# if business entity

Street/PO Box, City, State, Zip

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 _____

Applications that do not include the owner(s) Social Security Number(s) or the business Employer Identification Number will not be processed. Social Security Numbers are required by Idaho Code § 73-122 on all applications for licensure.