

**IDAHO STATE BOARD OF COSMETOLOGY  
BUREAU OF OCCUPATIONAL LICENSES  
700 West State Street, P.O. Box 83720  
Boise, Idaho 83720-0063**

**APPLICATION FOR RETAIL COSMETICS DEALER LICENSE**

**Name of Dealership** \_\_\_\_\_

**Location Address** \_\_\_\_\_

street Apt. or room # city zip

**Mailing Address** \_\_\_\_\_

street Apt. or room # city state zip

**Name of Dealership Owner(s)** \_\_\_\_\_

**Social Security number or Business Employer Identification Number (E.I.N.)** \_\_\_\_\_

Applications that do not include the owner(s) social security number(s) or EIN 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.

**Dealership Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **E-mail** \_\_\_\_\_

(The above phone number is public record)

I hereby make application for a Retail Cosmetics Dealer license (\$25.00 fee enclosed) that will expire on the anniversary date of issue. Licenses will not be prorated for a partial year. Please make checks and money orders payable to IBOL. All returned checks are subject to a \$20.00 fee.

**Anticipated opening date** \_\_\_\_\_

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

**Has a cosmetics dealership, or cosmetology establishment previously existed at this location?**  Yes  No

If YES, give business name \_\_\_\_\_, license # \_\_\_\_\_, and owner's name \_\_\_\_\_.

If YES & the license is current, that license (marked "out of business" & signed by the previous owner), or a written statement from the previous owner surrendering ownership, must be submitted with this application,

**Does this application represent a change in location of your dealership?**  Yes  No

If YES, give business name \_\_\_\_\_, license # \_\_\_\_\_, and former address \_\_\_\_\_.

**AFFIDAVIT**

I certify that the above named Retail Cosmetics Dealership meets all licensure requirements as outlined by Idaho Laws & Rules, including the provision of facilities and equipment in an area within the business premises to properly sanitize and store equipment and supplies necessary to perform any cosmetic application service provided.

I further certify that the required facilities and equipment include: access to hot and cold running water separate from the restroom facilities; board approved hospital grade sanitation products which are evident and in use; single use samples, wipes, spatulas, or other dispensing techniques designed to prevent contamination of multi-use cosmetic products and; restroom facilities.

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 licensee.

\_\_\_\_\_  
**Signature of owner(s) or authorized agent(s)**

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

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**DIAGRAM INSTRUCTIONS**

This application must include an accurate and detailed floor plan of the retail dealer 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 the service area, water sources, restrooms, access areas, and entrances.** If the dealership area 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 dealership area within the building or residence. The floor plan must include the exact measurements of the entire area to be licensed.

**CAUTION: Dealerships located within a residence must have a separate outside entrance leading directly into the business area.**

The State of Idaho Cosmetology Laws and Rules may be downloaded at: [www.ibol.idaho.gov](http://www.ibol.idaho.gov)

**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:**

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Bureau of Occupational Licenses  
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e-mail [shop@ibol.idaho.gov](mailto:shop@ibol.idaho.gov)**