

**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

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 & is not a public record. All mailed correspondence & documents from the Bureau regarding this application or any other application or license will be sent to you at this address. )

Shop 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 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 \_\_\_\_\_

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.

\_\_\_\_\_  
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 \_\_\_\_\_

**(SEE DIAGRAM INSTRUCTIONS)**

**NOTICE**

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**

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