



**KANSAS BOARD OF COSMETOLOGY**  
714 SW Jackson, Suite 100 ▪ Topeka, KS 66603  
Telephone: (785) 296-3155 ▪ Fax: (785) 296-3002  
E-mail: [Kboc@ks.gov](mailto:Kboc@ks.gov) ▪ Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

## **ESTABLISHMENT APPLICATION INFORMATION**

Newly opened; complete change of ownership; change of location.

Dear Applicant:

This is the application, checklist, inspector work order, and affidavits needed to operate an establishment under the Board of Cosmetology regulatory authority within the state of Kansas.

Please complete the application, and inspector work order and return it to this office via email attachment, fax, or mail. The establishment application must be submitted at least three (3) weeks prior to the anticipated date of opening.

If there is an active establishment license at the location where you are making application and that establishment is closing, the Affidavit of Change of Establishment Ownership/New Applicant must be completed. The affidavit will need to be completed by the current/previous facility owner. If the previous establishment owner has already vacated the location, has not canceled their establishment license, and is not available to complete the affidavit, the Affidavit of Change of Establishment Tenancy/New Applicant will need to be completed by the owner, landlord, or manager of the building.

Remit the **non-refundable fee** (see application for fee schedule). Only checks, money orders or credit card payments made payable to the Kansas Board of Cosmetology will be accepted. **No cash, please.**

When the completed application information and fee have been received by the office, a compliance inspection will be conducted as close to the anticipated date of opening as possible. You will be contacted by the state inspector in order to schedule your initial compliance inspection. A compliance inspection will only be rescheduled if the inspector is contacted before noon of the preceding business day.

Inspectors expect the facility to be set up and in working order when they come for the initial inspection to license your facility for opening. If, for any reason, the facility is not ready for inspection when the inspector arrives on the scheduled date of inspection or the inspection fails to demonstrate that all requirements set forth by the Board and the Kansas Department of Health and Environment have been met, the application will be denied.

Your establishment license will be issued after the inspector verifies that your establishment has passed the compliance inspection. **YOU MAY NOT OPERATE THE ESTABLISHMENT UNTIL IT HAS PASSED A COMPLIANCE INSPECTION.**

Please be informed that to practice any of the cosmetology professions in Kansas without a valid Kansas license is a violation of Kansas law and may subject you to legal action. Similarly, an establishment which employs an unlicensed individual is in violation of Kansas law and may also be subject to legal action.

Disclosure of your social security number or tax identification number is mandatory for licensure and authorized by K.S.A. 74-148. It is used by the Board to verify identity and license individuals lawfully residing in the United States.

You must notify the Board office if you have not received your license within 30 days of the date of your compliance inspection. Failure to do so may result in a \$25 duplicate license fee.

**ANY INCOMPLETE APPLICATIONS WILL BE RETURNED AND NOT PROCESSED FOR LICENSURE**



APPLICATION FOR ESTABLISHMENT LICENSE
(Please type all information, print form and submit to the Board)

TYPE OF ESTABLISHMENT:

- Tattoo (\$50) [ ]
Cosmetic Tattoo (\$50) [ ]
Tattoo/Cosmetic Tattoo (\$50) [ ]
Body Piercing (\$50) [ ]

Credit Card Payment \$50

- 1). Go to the Board website: www.kansas.gov/kbcoc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Facility Initial License Fee
4). Record your Order ID # from your emailed receipt here: \_\_\_\_\_

Check or Money Order Payment \$50

- 1). Complete this form
2). Make Check or Money Order Payable to the Kansas Board of Cosmetology
3). Mail form and payment to the Board office at the address provided above.

- 1. Establishment Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Establishment Phone #:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone #:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
(Applicant must provide at least two (2) working numbers)
6. Ownership (Select One):
\_\_\_1)Limited Liability Company (LLC) \_\_\_ 2).Partnership \_\_\_ 3).Corporation \_\_\_ 4).S Corporation \_\_\_ 5). Sole Proprietorship

Ownership Type 1-4 Only

Ownership Type 5 Only

TAX ID#: \_\_\_\_\_ - \_\_\_\_\_ Owner SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Business Entity Name: \_\_\_\_\_ Owner Legal Name: \_\_\_\_\_

7. Please provide the full name and license number of the practitioner providing services in the salon.

\_\_\_\_\_, Lic.#: \_\_\_\_\_
Please note that the practitioner must be present at the compliance inspection.

8. Has the owner(s) ever been convicted of a felony? \_\_\_ Yes \_\_\_ N

9. Military Service (Complete if Applicable):

Military Service (Provide a copy of your CAC card or your Military ID)
Military Spouse (Provide a copy of your CAC card or your Military ID)

Military Service Member (Provide your DD-214 and separation date below)
Separation Date: \_\_\_\_\_

ATTESTATION

I (We) understand that the compliance inspection will only be rescheduled if the inspector is contacted before noon of the preceding business day, and that if the facility is not ready at the time of the inspection or does not meet the requirements for licensure the application will be denied.
If granted a license to conduct the above business, I (We) will display the license in a location visible to the public. I (We) will obey any and all requirements of Kansas statutes and all the applicable rules and regulations of the Kansas Board of Cosmetology and Kansas Department of Health and Environment pertaining to this profession.
If any part of this application is found to be false or fraudulent, I (We) forfeit the right to operate the above named business in the state of Kansas.
I (We) understand the facility license will expire on the date of expiration indicated on the license. The license may be renewed 60 days prior to the expiration date by paying the appropriate renewal fee to the Kansas Board of Cosmetology
Sign below and return with the appropriate nonrefundable fee to KBOC address listed above.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct.

Signature of Owner or Officer \_\_\_\_\_ Date \_\_\_\_\_

Type or Sign



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INSPECTOR WORK ORDER
(PLEASE PRINT OR TYPE ALL INFORMATION.)

TYPE OF ESTABLISHMENT:

- Tattoo, Body Piercing, Cosmetic Tattoo, Tattoo/Cosmetic Tattoo

Name of Establishment:

Address: City: Zip:

County: Email Address:

Owner(s): (Name) (Lic #) (Exp)

Licensed practitioner providing services if other than the owner (required if owner is not a licensed practitioner):

(Full Name) (License #) (License Expiration Date)

Establishment Phone #: Cell Phone #: Other Phone #:
(Applicant must provide at least two (2) working numbers)

Date facility ready for inspection: Opening Date:
(Must be 21 days from the date of submission of application)

Days and Hours of Operation:

Location: In Home: In Business area:

If the establishment is located within another business, please provide that business name:

(Example: If a body art facility is located in a Cosmetology Salon)

If this application is due to a change of ownership or a change of location, please provide the information below and have the previous owner complete the affidavit included with this application. At the time of inspection, the inspector will request the current license. The license will be forwarded to the Kansas Board of Cosmetology office.

(Previous Establishment Name) (License #)

(Previous Establishment Address)

Please provide detailed directions to your establishment:

Four horizontal lines for providing detailed directions to the establishment.

FOR OFFICIAL USE ONLY
Inspector:
Date Received:
Fee Amount:
Date Inspected:
License Number:

# SELF INSPECTION CHECKLIST

## FACILITY LICENSE

- Valid with correct location & owner(s)
- Licensed for all services provided
- Posted in the lobby or waiting area

## PRACTITIONER LICENSES

- Valid
- Licensed for all services provided
- Posted in the lobby or waiting area

## INSPECTION REPORT

- Posted in the lobby or waiting area

## RECORDS

- Individual client record which includes the name and address of the client, the date and duration of each service, the type of identification presented and type of service provided
- Notarized parental consent for any procedures performed on a minor
- Before and after photographs of corrective procedures kept with the individual client record
- Pre-service information (written) provided to each client
- Aftercare instructions (written and verbal) provided to each client

## GERMICIDAL & DISINFECTANT

- EPA-registered germicidal solution
- EPA-registered bactericidal, fungicidal and virucidal disinfectant

## STERILIZATION

*Disposable only establishments are not required to have the following items.*

- Ultrasonic unit and detergent OR protein-dissolving detergent or enzyme cleaner
- Autoclave
- Spore test available in the establishment and performed every 3 months
- Sterilization pouches with color strip indicators

## WASTE DISPOSAL

- Puncture-resistant, leak-proof Sharps container that can be closed for handling, storage, transportation and disposal. Red and labeled biohazard
- Biohazard waste bags
- Treatment waste disposed of in a covered trash can separate from reception and restroom trash

## INSTRUMENT STORAGE

- Sterile instruments stored in a clean container

## PRODUCTS & SUPPLIES

- Product stored in clean containers that can be closed between treatments
- Product dispensed in a way that does not contaminate the unused portion
- Vinyl, nitrile or latex disposable gloves

## CHEMICALS

- Labeled, closed containers kept in enclosed storage area
- Poisonous/caustic products distinctly labeled and stored in area not open to public (may not be stored in the restroom unless in a locked cabinet)

## LINENS & PAPER PRODUCTS

- Clean linens, tissues, or single-use paper products stored in a clean, enclosed storage area
- Used linens stored in closed container until laundered
- Paper products placed in covered trash can

## HAND WASHING SINK

- Separate from restroom
- Hot and cold water

## ESTABLISHMENT

- All surfaces, including counters, tables, equipment, client chairs or recliners that are in treatment or sterilization areas are made of smooth, nonabsorbent and nonporous materials
- Adequate lighting in the work area
- Establishment is well ventilated
- Establishment is clean and in good repair

## RESTROOM

- Clean
- Working sink and toilet
- Liquid soap dispenser
- Disposable paper towels or air dryer only
- Chemicals, including cleaning supplies, are not stored in the restroom or they are kept in a locked cabinet

## TATTOO – REQUIRED EQUIPMENT

- Tattoo machine made of nonporous material
- Stainless steel/carbon needles and needle bars or disposables
- Stainless steel, brass or medical-grade plastic tubes or disposables
- Sterile needles, bars and tubes stored in sterile pouches
- Single-use razors or straight razor
- Ink, dyes and pigments are purchased from a manufacturer

## BODY PIERCING – REQUIRED EQUIPMENT

- Needles are single-use
- Sterile needles stored in sterile pouches
- Sterile instruments stored in sterile pouches
- Original piercing jewelry will be provided by establishment
- Sterile jewelry stored in sterile pouches

## PROHIBITIONS

- Using a branding iron or scalpel to produce an indelible mark on the body
- Use of an instrument other than a needle for tattooing and body piercing
- Using a piercing gun to pierce any area except the earlobe
- Styptic pencils/alum solids
- Smoking
- Animals except service animals and fish in aquariums



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## **AFFIDAVIT OF CHANGE OF ESTABLISHMENT OWNERSHIP/NEW APPLICANT**

I, \_\_\_\_\_, the current owner of \_\_\_\_\_  
(Current Establishment Owner) (Establishment Name)

acknowledge and am aware \_\_\_\_\_ is making application for an  
(New Applicant/Owner)

establishment license regarding \_\_\_\_\_  
(Location – address, city, state and zip)

Upon inspection of the above noted establishment/location for \_\_\_\_\_, I  
(New Applicant/Owner)

am aware I will no longer be the licensee/owner for this location.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct.

\_\_\_\_\_  
(Current Establishment Owner Signature) Type or Sign

\_\_\_\_\_  
(Date)



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## AFFIDAVIT OF CHANGE OF ESTABLISHMENT TENANCY / NEW APPLICANT

I, \_\_\_\_\_, the current owner, landlord or manager of  
(building owner/landlord/manager)

\_\_\_\_\_ acknowledge and am aware that  
(establishment name)

\_\_\_\_\_ is making application for an establishment license regarding  
(new applicant / tenant)

\_\_\_\_\_  
(location- address, city, state, zip)

I hereby declare that \_\_\_\_\_ has been evicted from or has  
(previous tenant)

vacated the establishment, is no longer a tenant of this property and has no right to occupy the premises.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct.

\_\_\_\_\_  
(SIGNATURE) Type or Sign

\_\_\_\_\_  
(DATE)