



BOARD OF COSMETOLOGY

714 S.W. Jackson, Ste. 100, Topeka, Kansas 66603
www.kansas.gov/kboc Email: kboc@ks.gov Fax: (785) 296-3002

COSMETOLOGY PROFESSION ESTABLISHMENT LICENSE APPLICATION

INSTRUCTIONS

Use this application for new salons, a salon changing location or a salon completely changing ownership. If you are applying for more than one type of license (i.e. esthetics and nail technology), you must complete an application for each license type. To add or remove one or more owners do not use this application; use the Change of Ownership Form.

SALON LOCATION

If there is an active salon license at the location where you would like to open your salon, one of the following requirements must be met:

- Option 1 The **owner** of the active salon license returns the license to the Board marked "closed."
You may not send the active salon license to the Board with this application. Only the current owner may send the license to the Board.
- Option 2 The owner of the active salon license signs this application and authorizes you to operate the salon under their salon license; or
- Option 3 The owner/manager of the building where the salon is located signs this application and states that the owner of the active salon license has vacated the premises and has no right to occupy it.

You may operate the salon prior to the compliance inspection **only if the current owner** has signed this application.

OTHER BUSINESSES

If the salon is located in the same room, suite or space as another business or profession (medical office, body art, tanning, etc.) then a solid partition must separate the businesses. The partition may contain a door, but the door must remain closed during business hours. The required shampoo bowl or sink must be located in the area licensed by the Board. If the salon does not meet these requirements at the compliance inspection, the application will be denied and you must reapply.

HOME SALONS

All salons must have a separate, **outside** entrance. The salon must be separated from living quarters by a solid partition. The partition may contain a door, but the door must remain closed during business hours. The restroom may be located in the living quarters. If the salon does not meet these requirements at the compliance inspection, the application will be denied and you must reapply.

INSPECTION APPOINTMENT

The inspector will contact the individual designated on the application to make an appointment for the compliance inspection. A licensed practitioner must also be present at the compliance inspection. If the appointment is missed or is canceled with less than 24 hours notice, the application will be denied and you must reapply.

INSPECTION REQUIREMENTS

The salon must be set up and in working order at the time of the compliance inspection. If the salon does not pass the inspection, the application will be denied and you must reapply. A checklist is included in this packet for your use. Do not submit the checklist with your application. Statutes and regulations can be found on the Board's website.

SALON LICENSE

If you pass the compliance inspection, you are permitted to immediately open the salon. You will receive your license within 2 weeks of the compliance inspection. If you have not received your license after two 2 weeks, you must contact the Licensing Department.

PROCESSING TIME

The Board processes applications in the order they are received. Allow 3 weeks for your application to be processed and your compliance inspection to be scheduled and completed.

INCOMPLETE APPLICATIONS

Incomplete applications will be returned unprocessed.

APPLICANT IDENTIFICATION

Include a legible photocopy of your current government issued photo identification and one of the following:

Ownership Type 1-4:

Federal Employer Identification Number (FEIN): Submit a signed W-9 Form

Ownership Type 5:

Social Security (SS) Number: Submit a legible photocopy of your SS card. **Each owner listed must include a legible photocopy of their current government issued photo identification and social security card.**

APPLICATION CHECKLIST

- The application is typed;
- All sections are completed;
- Application is signed by all owners;
- Applicant Identification Documents
- \$60 Non-refundable Fee (check, money order or Credit Card); and
- Submitted at least 3 weeks prior to requested opening date.**



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**COSMETOLOGY PROFESSION
ESTABLISHMENT LICENSE APPLICATION**

THIS FORM MUST BE TYPED

OFFICE USE ONLY

SECTION 1 - TYPE OF APPLICATION

License Type: (only check one)		Application Type: (only check one)		Location: (only check one)	
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Electrology	<input type="checkbox"/> New Salon	<input type="checkbox"/> Commercial	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile
<input type="checkbox"/> Nail Technology		<input type="checkbox"/> Change of Ownership			
<input type="checkbox"/> Esthetics		<input type="checkbox"/> Change of Location			

Sent	
Inspector	
Inspected	
License No.	

SECTION 2 - REQUESTED OPENING DATE Allow 3 weeks from the date the application is filed

Date the salon will be ready for inspection	
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SECTION 3 - SALON INFORMATION

Salon Name		Applicant/Owner Name(s)		
Address		Suite/Room No.	City	Zip
Phone	Fax	Email (Required for official Board notifications)		

SECTION 4 - LICENSED PRACTITIONER Name of the licensed practitioner that will be present at the compliance inspection

Name	License Type	License No.	Expiration Date

SECTION 5 - INSPECTION APPOINTMENT Name of the person to contact to make the compliance inspection appointment

Name	Phone	Email

SECTION 6 - SALON HOURS List the hours the salon is open; "by appointment only" salons must list typical appointment times

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SECTION 7 - OTHER BUSINESSES

Yes No Will any other business operate in the salon area? If "yes," list the business: _____

SECTION 8 - LOCATION HISTORY If the location has an active salon license, **you must complete this section**

Active Salon Name	License No.	Current Owner's Name

- Option 1 - Active License Returned.** The owner of the active salon license has returned the license to the Board marked "closed."
- Option 2 - Change of Ownership.** I am the owner or officer of the above-referenced active salon license. I authorize the above-referenced applicant to operate the salon using my salon license. I understand that I or my business entity will be legally responsible for any violations and financially responsible for any fines imposed against the salon while the applicant is operating under my salon license. I authorize the Board to cancel my salon license upon the applicant passing a compliance inspection.

Owner or Officer Name	Signature	Date

- Option 3 - Vacant.** I am the current owner or manager for the premise where the above-referenced salon license is issued. The salon is no longer operating at this address and the owner(s) has no right to occupy the premises.

Building Owner/Manager Name	Signature	Date

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www.kansas.gov/kboc Email: kboc@ks.gov Fax: (785) 296-3002COSMETOLOGY PROFESSION
ESTABLISHMENT LICENSE APPLICATION**SECTION 9 - OWNERSHIP INFORMATION** Attach an additional sheet if there are more than two owners.

<input type="checkbox"/> 1).LLC Provide FEIN	<input type="checkbox"/> 2).Partnership Provide FEIN	<input type="checkbox"/> 3).Corporation Provide FEIN	<input type="checkbox"/> 4).S Corporation Provide FEIN	<input type="checkbox"/> 5).Sole Proprietorship Provide SSN	
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Ownership Type 1-4 Only

Name (Business Entity Name)			FEIN (Federal Employer Tax Identification No.) Submit a signed W-9 Form		
Address		City	State	Zip	
Phone	Cell	Email			

Ownership Type 5 Only Each owner listed must include a legible photocopy of their current government issued photo identification and social security card.

Owner Full Legal Name			SSN Submit a legible photocopy of your social security card		
Address		City	State	Zip	
Phone	Cell	Email			

SECTION 10 FELONY CONVICTIONS & LICENSE DISCIPLINE Yes No Has any owner been convicted of a felony within the last 5 years?

***You only need to mark yes if you have received a felony conviction within the last five years KAR 69-1-10

If you have been convicted of a felony within the last 5 years, attach a certified copy of all court documents outlining charges, convictions, sentencing and discharge. Also, attach the completed Felony Conviction Form and Felony Monitoring Form (where applicable) to this application, which can be found on our website under Forms and Applications. Pursuant to K.S.A. 65-1908(a)(4), you must demonstrate that you have been sufficiently rehabilitated to warrant the public trust which may include requesting a hearing to appear before the Board Disciplinary Panel. Failure to notify the Board of any additional or subsequent conviction(s) may result in disciplinary action.

 Yes No Has any owner ever had a professional license revoked, suspended or had any other disciplinary action taken against their license by this Board or any other governmental authority in this state or any other state or country?

If "yes," please attach an explanation including the license type, year of the action, location of the action and the action taken.

SECTION 11 FEE PAYMENT \$60**Credit Card Payment \$60:** Go to the Board website: www.kansas.gov/kboc

- 1). Select Payment Portal from the Top Menu Bar
- 2). Transaction Item = Facility Initial License Fee
- 3). Record your Order ID # from your emailed receipt here _____

Check or Money Order Payment \$60: Make Check or Money Order Payable to the Kansas Board of Cosmetology

- 1). Complete this form
- 2). Mail form and payment to the Board office at the address provided above.

SECTION 12 MILITARY SERVICE (COMPLETE IF APPLICABLE)

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

Military Service Member (Provide your DD-214 and separation date below)

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

Separation Date: _____

SECTION 13 ATTESTATION & OWNER OR OFFICER SIGNATURE

The salon will ready for inspection on the date stated in this application. I understand that this application will be denied and I will have to reapply for licensure and pay the application fee if any of the following occurs:

- The application is incomplete;
- A licensed practitioner is not present at the compliance inspection;
- The compliance inspection appointment is missed or is canceled with less than 24 hours notice;
- The salon is not ready for inspection; or
- The salon fails the compliance inspection.

I will comply with the following statutes and regulations: Kansas Department of Health and Environment Regulations - K.A.R. 28-24-1 et. seq.; Cosmetology Act - K.S.A. 65-1901 et. seq.; Cosmetology Regulations - K.A.R. 69-1-1 et. seq.

I declare under penalty of perjury that the foregoing is true and correct.

Type or Sign your name below:	Date Signed
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COMPLIANCE INSPECTION CHECKLIST

Do not submit this Checklist with your application

PRACTITIONER LICENSURE

- Licensed practitioner will be present at the compliance inspection
- Practitioner's wall license will be posted in the establishment at the time of the compliance inspection

CHANGE OF OWNERSHIP & CHANGE OF LOCATION

- If the salon is changing ownership, the active salon license must be given to the inspector at the compliance inspection
- If the salon is changing locations, the salon license from the prior location must be given to the inspector at the compliance inspection

DISINFECTANT

Bleach may be used for all disinfecting purposes in the salon. You may also use EPA-registered disinfectants.

- Bactericidal, fungicidal and virucidal disinfectant or bleach
- Pedicure Equipment – You must have bleach if the salon has pedicure basins. It is the only disinfectant that may be used for the weekly cleaning procedure

DISINFECTANT CONTAINERS & SOLUTION

- Containers large enough for full immersion of instruments
- Containers are covered and labeled "disinfectant"
- Measuring Cups
- A bleach solution or bactericidal, fungicidal and virucidal disinfectant must be prepared at the time of inspection

BLOOD SPILL KIT

- Tuberculocidal, bactericidal, fungicidal and virucidal disinfectant or bleach (see Disinfectants above)
- Disposable Gloves
- Antiseptic solution
- Sterile bandages
- Disposable bags (for disposing of contaminated items)

INSTRUMENTS

"Instruments" are all items used on a client that can be disinfected and reused. Instruments include brushes, combs, shears, rollers, tweezers, nippers, etc.

Clean Instruments

- Stored in labeled, clean, covered drawer, container or cabinet
- Only stored with other clean instruments or separated from other items with bins/dividers

Used Instruments

- Labeled, covered container for storage of used instruments

CLIPPERS

- Stored in a labeled, clean, covered drawer or container
- Only stored with other clean clippers
- Rechargeable clippers may be stored on the workstation if the blade is covered

PRODUCT

- Labeled and stored in a closed container
- Poisonous/caustic products distinctly marked and stored in area not open to public (may not be stored in the restroom unless in a locked cabinet.)

TOWELS, ROBES AND LINENS

- Closed and labeled container for dirty linens
- Closed and labeled cabinet or container for clean linens
- Washer set to "hot" (Min. 140°F)

SHAMPOO BOWLS/SINK

Every cosmetology salon must have shampoo bowl. Nail technology, esthetics and electrolysis salons must have a sink. The shampoo bowl/sink must be located in the premises licensed by the Board

- Hot and cold water
- Working shampoo spray (bowls only)
- Clean and free of hair, debris and product

ESTABLISHMENT

- Back bar, workstations, treatment & manicure tables and service chairs are clean
- Salon is clean and free of dust, hair and nail clippings
- Well lighted and ventilated
- Trash cans in work areas are covered

RESTROOM

The restroom may be located in the same building as the salon and does not have to be located in the area licensed by the Board

- 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

PROHIBITED ITEMS WHERE CLIENTS RECEIVE SERVICES

- Food preparation
- Eating
- Alcohol
- Smoking
- Animals
- Neck/nail dusters
- Razor devices that remove calluses/skin blemishes

ELECTROLYSIS CLINICS

- Single-use needles
- Sharp's Container
- Ultrasonic Cleaner
- Protein dissolving detergent or enzyme cleaner
- Dry heat sterilizer or autoclave
- Sterilization pouches with color strip indicators or stickers with color strip indicators
- Manufacturer's procedure manual for dry heat sterilizer or autoclave
- Spore test and log for future spore tests
- Furniture, counters and equipment made of smooth surfaces.