



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



KANSAS BOARD OF COSMETOLOGY
714 SW Jackson, Suite 100 • Topeka, KS 66603
Telephone: (785) 296-3155 • Fax: (785) 296-3002
E-mail: Kbcoc@ks.gov • Website: www.kansas.gov/kbcoc

APPLICATION FOR TANNING ESTABLISHMENT LICENSE (\$100)
(Please type all information, print form and submit to the Board)

- 1. Establishment Name:
2. Address:
3. City: Zip:
Email:
4. Establishment Phone #:
Home Phone #: Other Phone #:
(Applicant must provide at least two (2) working numbers)

Credit Card Payment \$100
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 \$100
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.

- 5. 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:

6. Tanning Certificate(s):
Tanning Operator Full Name: Tanning Certificate: Date of completion
(List name of organization issuing certificate)

7. 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:

Pursuant to K.S.A. 65-1924 a trained device operator (T.D.O.) must be present during facility operating hours. "The operator must be trained in the correct operation of the tanning devices used at the facility so the operator may inform and assist each user in the proper use of the tanning devices." Also, K.A.R. 69-12-7 states "a tanning facility operator shall maintain verification of training for each tanning device operator." Please find a list of the Kansas Board of Cosmetology approved tanning operator training included with this application.

Please attach a copy of the tanning certificate to this application as well as a copy of the tanning log reflecting the training of any device operators that will be employed in your facility.

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.)
Tanning Facility License

Name of Establishment: _____

Address: _____ City: _____ Zip: _____

County: _____ Email Address: _____

Owner: _____

Tanning Certificate: _____
(List name of organization issuing certificate).

Owner: _____

Tanning Certificate: _____
(List name of organization issuing certificate).

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 the 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 tanning 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:

Directions section with five horizontal lines for text entry.

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

Tanning Facility Self Inspection Checklist

Facility License

- Valid with correct location & owner
- Posted in easy view of the public

Tanning Device Operators

- Trained operator present
- List of trained operators
- Verification of training for each operator

Lobby Warning Sign

- Warning statement posted in easy view

CAUTION: ULTRAVIOLET RADIATION
Repeated exposure to ultraviolet radiation may cause skin damage characterized by wrinkling, dryness, fragility and skin cancer.

Failure to use protective eyewear may result in severe burns or permanent injury to the eyes.

Medications or cosmetics may increase your sensitivity to ultraviolet radiation. Consult a physician before using a tanning device if you are using medications, have a history of skin problems or believe you are especially sensitive to sunlight. Pregnant women or women taking oral contraceptives who use this product may develop discolored skin.

IF YOU DO NOT TAN IN THE SUN, YOU WILL NOT TAN FROM USE OF AN ULTRAVIOLET DEVICE OR SUNLAMP

Consumer Warning Statements

- Written warning statement given to each consumer

- (a) Failure to use the eye protection provided to the customer by the tanning facility may result in damage to the eyes;
- (b) overexposure to ultraviolet radiation causes burns;
- (c) repeated exposure to ultraviolet radiation may result in premature aging of the skin and skin cancer;
- (d) abnormal skin sensitivity or burning may be caused by reactions of ultraviolet radiation to certain: Foods; cosmetics; or medications, including: Tranquilizers; diuretics; antibiotics; high blood pressure medicines; or birth control pills; and
- (e) any person taking a prescription or over-the-counter drug should consult a physician before using a tanning device.

Eyewear

- Provided by facility (either for sale, for loan or for free)
- Disinfected by cleaning with soap and water and then immersing in disinfectant
- Only the tanning device operator disinfects eyewear
- Disposable eyewear placed in covered trash can

Towels

- Clean - no storage requirement
- Dirty - placed in closed container; container does not have to be labeled

Tanning Rooms

- Exposure schedule posted for each device
- Warning statement posted in easy view in each room

CAUTION: ULTRAVIOLET RADIATION

1. Follow the manufacturer's instructions for use of this device.

2. Avoid too frequent or lengthy exposure. As with natural sunlight, exposure can cause serious eye and skin injuries and allergic reactions. Repeated exposure may cause skin cancer.

3. Wear protective eyewear. Failure to use protective eyewear may result in severe burns or permanent damage to the eyes.

4. Do not sunbathe before or after exposure to ultraviolet radiation.

5. Medications or cosmetics may increase your sensitivity to ultraviolet radiation. Consult a physician before using a sunlamp if you are using medication, have a history of skin problems or believe you are especially sensitive to sunlight. Pregnant women or women using oral contraceptives who use this product may develop discolored skin.

IF YOU DO NOT TAN IN THE SUN, YOU WILL NOT TAN FROM USE OF THIS DEVICE

Required Disinfectant

- Tuberculocidal, bactericidal, fungicidal and virucidal EPA-registered disinfectant

Tanning Devices

- Accurate timer (does not have to be located on the tanning device)
- Control that allows the consumer to turn off the tanning device at any time
- Acrylic/metal barriers are in good condition
- Stand up booths have markings to indicate correct exposure distance
- Disinfected after each use by a tanning device operator only

Lamps

- Bulb compatibility sheet available for each type of device in the facility
- Compatible bulbs are used in each device
- Burned out bulbs are replaced

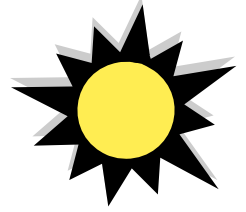
Establishment

- Clean
- Well lighted
- Well ventilated



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Professional Tanning Associations That Offer Training



As of 2013 this is a partial listing of acceptable training programs and educational sites for tanning salon owners, operators, and employees.

Sun is Life Training and Certification
Tony Brown-Director of Sun is Life
5152 Commerce Rd.
Flint, MI 48507
810-230-1735 ext. 303
tony@sunislife.com

(Provides on-line training)
<http://www.sunislifecertification.com/index.html>

National Tanning Training Institute (NTTI)
3300 N Central Ave. Suite 2500
Phoenix, AZ 85012
800-529-1101

(Provides on-line training.)
Website: www.tanningtraining.com

International Smart Tan Network (ISTN)
3101 Page Ave.
Jackson, MI 49203
800-652-3269

(Provides on-line training.)
Website: www.smarttan.com

Heartland Tanning, Inc.
4251 NE Port Drive
Lee's Summit, MO 64064
Toll Free (800) 554-8268
Local (816) 795-1414 ext. 129

(Provides on site and seminar training)
Website: www.heartlandtan.com

Suntanning Association for Education (SAE)
P.O. Box 1181
Gulf Breeze, FL 32562
800-536-8255

(Educational site)
Website: www.suntanningedu.com

This in no way constitutes every training venue that may be available. It does list the most popular and widely recognized training. Prices on training vary from institute to institute. The Board at this time does not and will not endorse or recommend one over another.



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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)