

IDAHO BARBER AND COSMETOLOGY SERVICES LICENSING BOARD

Idaho Division of Occupational and Professional Licenses

11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or

P.O. Box 83720, Boise ID 83720-0063

Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>

E-mail: bcb@dopl.idaho.gov

APPLICATION FOR RETAIL COSMETICS DEALER LICENSE

Establishment licenses are not transferable. **NOTE: Incomplete applications that do not include all the items required may delay licensure.**

CHECKLIST FOR APPLICATION FOR RETAIL COSMETICS DEALER LICENSE:

- Completed application. All requested information must be provided along with the notary seal.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Anticipated opening date is listed. Establishments may not open before a valid license has been issued. Please allow 10 business days for processing.
- A detailed and accurate floor plan of the entire area to be licensed, including: location of all stations including all stations that are designated as Contiguous Shop areas, water sources (sinks), restrooms, access areas, and entrances. (See additional information below)
- Attach correct fees. (\$45.00 for application fee and original license fee)

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

If the name on your application does not match the proof of age document or any other required document, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

All applicants must review the Idaho laws & rules prior to licensure. Idaho Barber and Cosmetology Services Licensing Board Laws and Rules may be downloaded at: <https://dopl.idaho.gov>

DIAGRAM INSTRUCTIONS

This application must include an accurate and detailed floor plan which specifies a location within the dealer’s business premises 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: location of the service area, water sources, restrooms, first aid kit, access areas, and entrances.** If the retail dealer area is located within a multi-tenet 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: If the retail dealer area is located within a residence, it must have a separate outside entrance leading directly into the business area.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#).

Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

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APPLICATION FOR RETAIL COSMETICS DEALER LICENSE

I hereby make application for a Retail Cosmetics Dealer license that will expire on the anniversary date of issue. Licenses will not be prorated for a partial year. \$45.00 for application fee and original license fee

Anticipated opening date _____

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

1. Name of Dealership _____

2. Location Address _____
Street Apt. or room # City State Zip

3. Mailing Address _____
Street/PO Box Apt. or room # City State Zip

4. Retail Dealer Phone # _____ **Other Phone #** _____ **E-mail** _____
(The above phone number is a public record) (The above phone number is NOT a public record)(This is not a public record; required by I.C. § 67-2609.)

5. Name of Owner(s) _____ **Owner Social Security number** _____
(If more than one owner, attach a separate sheet with all owner names & SS#s.) (This is not a public record; required by I.C. § 73-122)

(Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached for each owner.)

6. Business Employer Identification Number (E.I.N). _____

7. 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,

8. Does this application represent a change in location of your dealership? () Yes () No
If YES, give business name _____, license # _____, and former address _____.

9. Have you or any other person referenced by this application ever had a license or registration revoked, suspended or otherwise sanctioned (disciplined or fined) in any jurisdiction? () Yes () No
(If Yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

10. Has the applicant or anyone with an interest in the applicant ever received a conviction, finding of guilt, withheld judgment or suspended sentence for any felony in any state, including Idaho, or other jurisdiction? () Yes () No
(If Yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

11. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
() Yes () No

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AFFIDAVIT

Upon oath I certify that: (1) I am the owner or authorized representative of the applicant and its owners/representatives and am authorized to make this application on behalf of the applicant and to bind the applicant and its owners/representatives to every response and commitment made herein; (2) use in this application and affidavit of "I" or "my" or "me" shall, as the usage may require, refer to the applicant, its owners/representatives and to myself; (3) The responses and information provided in this application and in the accompanying addendum(s) and documentation are true and correct to the best of my knowledge; (4) This application is signed on behalf of the applicant; (5) I have read and will conform to the Laws, Rules and ethical requirements governing the license or authority applied for or granted pursuant to this application; (6) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws, Rules or ethical requirements governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted pursuant to this application; (7) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate, incomplete or misleading; (8) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on the eligibility for or maintenance of the license or authority applied for or granted pursuant to this application and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (9) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority applied for or granted pursuant to this application in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (10) every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

Signature of Owner(s) or Authorized Agent(s)

This box is for notary use only

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20_____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.