

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 INSTRUCTIONS FOR CONTIGUOUS BARBER or COSMETOLOGY ESTABLISHMENT (SHOP) LICENSE

Please use this application if you:

1. Want to license your station within an already licensed Primary Shop; or
2. Are moving your Contiguous Shop from one Primary Shop to another Primary Shop.

Note: Page 1 of this form is to be completed and signed by the person licensing the Contiguous Shop. Page 2 of this form contains the Primary Shop Information. This information must be completed and signed by the Primary Shop owner(s). The signature(s) must be notarized.

NOTE: There is a separate application for Primary Shops. Licenses are non-transferrable. Contiguous Shop licenses are not transferable from one Primary Shop to another. You need to only hold one Contiguous Shop license per Primary Shop. You may only operate within areas that are designated by the Primary Shop owner as Contiguous Shop areas. You are responsible for the sanitation requirements in any station where you are working. **Incomplete applications that do not include all the items required may delay licensure.**

CHECKLIST FOR APPLICATION:

- ☐ Completed application. All requested information must be provided and all owners must have their signatures notarized.
- ☐ The Contiguous Shop owner has signed the application and the signature is notarized.
- ☐ The Primary Shop owner has signed the Primary Shop Information page and the signature is notarized.
- ☐ The anticipated opening date is listed. Shops may not open before a valid license has been issued. Please allow 10 business days for processing.
- ☐ Application and initial licensure fee of \$45. FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.
- ☐ 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.

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

Documents from another application you have on file with DOPL can be transferred to this application by answering the appropriate question below when filling out the application.

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>.

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](#).

- ☐ To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

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APPLICATION FOR CONTIGUOUS BARBER or COSMETOLOGY ESTABLISHMENT LICENSE

THIS PAGE IS TO BE COMPLETED BY THE PERSON(S) LEASING THE STATION

I hereby make application for a **Contiguous Cosmetology Shop (your station)** license. The license will expire on the anniversary date of issue. The required **fee of \$45 is enclosed**. The Primary license must be current in order to obtain a Contiguous Shop license. Incomplete applications that do not include all the items required may be delayed.

Please check the type of shop license you are applying for: () Barber Contiguous Shop () Cosmetology Contiguous Shop

1. **Name of Contiguous Shop (Your name or Shop name)** _____

2. **Primary Shop Location Address** _____
(This address is a public record.) Street City State Zip

3. **Shop Phone #** _____ **Contact Phone #** _____
(The above phone number is a public record.) (The above phone number is not a public record)

4. **Mailing Address** _____
Street/PO Box City State Zip

5. **Contiguous Shop Owner Name** _____

Contiguous Shop Owner Social Security Number _____
(This is not a public record; required by I.C. § 73-122.)

Contiguous Owner's Business Employer Identification Number (E.I.N.) if applicable _____

Contiguous Owner's Personal Cosmetology or Barber license if you have one, (it is not required that you be a licensee) _____

Contiguous Owner E-mail _____
(This is not a public record; required by I.C. § 67-2609.)

6. **Anticipated opening date** _____
(The Contiguous Shop license must be in your possession and conspicuously posted in the shop before offering services.)

7. **Do you currently have a Contiguous Shop license?** () Yes () No
If YES, give shop name _____, Shop license # _____,
and Shop address _____.

8. **Do you want that Shop license put out of business?** () Yes () No

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, 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

12. **Do you have documents from another application on file that you would like to have transferred to this application?** () Yes () No

*If yes, please specify which documents you would like transferred: _____

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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 Contiguous Shop Owner

Date

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.

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PRIMARY ESTABLISHMENT (SHOP) INFORMATION

THIS PAGE IS TO BE COMPLETED BY THE PRIMARY SHOP OWNER(S)
Incomplete applications that do not include all the items required will not be processed.

1. Name of Primary Shop _____
2. Please check the appropriate box below and insert the shop license number
() Primary Barber Shop - license # BS-_____ or () Cosmetology Shop # CS-_____
3. Name of Primary Shop Owner(s) _____
4. Shop Phone # _____ E-mail _____
(This is not a public record; required by I.C. § 67-2609.)
5. Shop Location Address _____
Street City State Zip
6. Mailing Address _____
Street/PO Box City State Zip

(The Division maintains ONE mailing address for each person. The above will be your only mailing address with the Division and is not a public record. All mailed correspondence and documents from the Division regarding this application or any other application or license will be sent to you at this address.)

NOTE: Please notify the Division if there are any Contiguous Shop licenses associated with this Primary Shop that need to be placed out of business.

AFFIDAVIT

I hereby certify that the above named Primary establishment is currently licensed by the undersigned and meets the licensure requirements as outlined by Idaho Laws and Rules including: a working floor space of adequate dimensions within which to practice; toilet facilities, including sink with hot and cold running water, conveniently located and accessible from the Primary area and within the building where the Primary establishment is located; and hot and cold running water and approved drainage system separate from the toilet facilities and available to any Contiguous shop not containing said facilities within their licensed area. I further certify that I authorize the person named, and whose signature appears on this application, to apply for licensure of and to operate a licensed Contiguous shop within the above named Primary shop. I further certify that I am familiar with the city/county planning and zoning regulations affecting the shop listed above and that I assume all responsibility for compliance with those regulations, and that the information recorded hereon is 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.

Printed Name of Primary Shop Owner(s) or Authorized Agent(s)

Signature of Primary Shop 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 _____