

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 PRIMARY/ORIGINAL BARBER or COSMETOLOGY ESTABLISHMENT (SHOP) LICENSE

Please use this application if you:

1. Are licensing a new shop; or
2. Have moved your shop from one location to another; or
3. Are changing the ownership of your shop.

NOTE: There is a separate application for Contiguous Shops. Licenses are non-transferrable. **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.
- 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 DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

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.

If the name on your application does not match the name on 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 of the entire Primary and Contiguous Shop area on a separate sheet of 8 ½ inch x 11 inch white paper. **The floor plan must include: location of all stations, water sources (sinks), restrooms, access areas, and entrances.** If the establishment is located within a multi-tenant 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 shop area within the building or residence. **Primary owner note: Clearly designate, by color highlighting, the Contiguous Shop areas.**

The entire Primary area and any other licensed Contiguous areas should also be clearly shown. The Primary area is defined as all areas not otherwise licensed as Contiguous Shop areas. Access areas are part of the Primary Shop and are those areas used to connect Contiguous Shop areas to the Primary Shop.

Please keep a copy of your shop diagram for your records. Be sure your diagram includes accurate measurements and is a true representation of your shop. If you remodel or remove, add, and/or move stations, including your primary station, walls and/or doors, or make any other change within the establishment, you **must** submit a new accurate floor plan.

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](#).

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 PRIMARY/ORIGINAL BARBER or COSMETOLOGY ESTABLISHMENT LICENSE

I hereby make application for a **Primary Barber or Cosmetology Establishment** license. The license will expire on the anniversary date of issue. The fee of \$45.00 is enclosed. 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 Primary Shop () Cosmetology Primary Shop

1. Name of Establishment (Shop) _____

2. Shop Location Address _____
 (The above address is public record) Street City State Zip

3. Mailing Address _____
 Street/PO Box City State Zip

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

5. Name of Primary Shop Owner (Please list all owners. If more than one owner, please complete the addendum.)

 Name Street/PO Box City State Zip

6. Social Security # _____ **EIN** _____ **License #** _____
 (This is not a public record; required by I.C. § 73-122) (If Business Entity) Personal cosmetology or barber license # if applicable

7. Anticipated opening date _____ **Is this an in-home shop?** () Yes () No
 (The appropriate shop license must be in your possession and conspicuously posted in the shop before offering services.)

8. Has any Barber or Cosmetology establishment previously existed at this location? () Yes () No

If YES, give business name _____, establishment license # _____,

and owner's name _____.

If YES and the license is current, that license (marked "out of business" and signed by the previous owner), or a written statement from the previous owner surrendering ownership OR the premises owner authorizing occupancy, must be submitted with this application.

9. Does this application represent a change in location of your establishment? () Yes () No

If YES, give business name _____, establishment license # _____,

and former establishment address _____.

10. Do you want that license put out of business? () Yes () No

11. 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.)

12. 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.)

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

14. 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:** _____

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

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.

Printed name of Owner(s) or Authorized Agent(s)

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.

IDAHO BARBER AND COSMETOLOGY SERVICES LICENSING BOARD

**APPLICATION FOR PRIMARY/ORIGINAL ESTABLISHMENT LICENSE
ADDENDUM**

Additional Names of Primary Shop Owners. Please submit a form for all owners (use additional pages if needed). Incomplete applications that do not include all the items required will not be processed.

Printed Name of Primary Shop Owner

Signature of Primary Shop Owner

Personal Cosmetology or Barber License # if applicable

*SS# and EIN# if business entity (This is not a public record; required by I.C. § 73-122.)

Street/PO Box, City, State, Zip

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.