

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, inspector work order, and checklist 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 cancelled 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



Board of Cosmetology

Sam Brownback, Governor

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

TYPE OF ESTABLISHMENT:

- | | | | |
|--------------------|--------------------------|-------------------------------|--------------------------|
| Cosmetology (\$50) | <input type="checkbox"/> | Tattoo (\$50) | <input type="checkbox"/> |
| Manicuring (\$50) | <input type="checkbox"/> | Cosmetic Tattoo (\$50) | <input type="checkbox"/> |
| Electrology (\$50) | <input type="checkbox"/> | Tattoo/Cosmetic Tattoo (\$50) | <input type="checkbox"/> |
| Esthetician (\$50) | <input type="checkbox"/> | Body Piercing (\$50) | <input type="checkbox"/> |

Credit Card information:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa |

Credit Card #

Card Holder's Signature

Exp. Date of Credit Card (mo/yr)

Daytime Phone Number

- Establishment Name: _____
- Address: _____
- City: _____ Zip: _____
- Email: _____
- Establishment Phone #:(____) _____ - _____ Cell Phone #:(____) _____ - _____ Other Phone #(____) _____ - _____
(Applicant must provide at least two (2) working numbers)
- TAX ID#: _____ - _____ (if applicable)
- Owner's Name(s). If you are licensed in a Cosmetology field, indicate your individual license number(s). If not applicable, indicate by marking N/A.
- _____ Lic. #: _____ SSN #: _____ - _____ - _____
- _____ Lic. #: _____ SSN #: _____ - _____ - _____
- If applicant is not a licensed practitioner please provide the full name and license number of the practitioner providing services in the salon. Please note that the practitioner must be present at the compliance inspection.

_____ Lic. #: _____
- Has the owner(s) ever been convicted of a felony? Yes No

ATTESTATION

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 (s) _____ Date _____

Signature of Owner (s) _____ Date _____

714 SW Jackson, Suite 100
Topeka, KS 66603-3751



phone: 785-296-3155
fax: 785-296-3002
kboc@kboc.ks.gov
www.ks.gov/kboc

Board of Cosmetology

Sam Brownback, Governor

INSPECTOR WORK ORDER

(PLEASE PRINT OR TYPE ALL INFORMATION.)

TYPE OF ESTABLISHMENT:

Cosmetology	<input type="checkbox"/>	Electrology	<input type="checkbox"/>	Tattoo	<input type="checkbox"/>
Nail Technology	<input type="checkbox"/>	Esthetics	<input type="checkbox"/>	Cosmetic Tattoo	<input type="checkbox"/>
		Tattoo/Cosmetic Tattoo	<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>

Name of Establishment: _____

Address: _____ City: _____ Zip: _____

County: _____ Email Address: _____

Owner(s): _____
(Name) (Lic #) (Exp)

(Name) (Lic #) (Exp)

Licensed practitioner providing services if other than the owner (required if owner is not a licensed practitioner):

(Full Name) (License #) (License Expiration Date)

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 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:

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



Board of Cosmetology

Sam Brownback, Governor

COSMETOLOGY SALON CHECKLIST

PLEASE CHECK OFF THE ITEMS IN THE LIST BELOW AND RETURN WITH THE APPLICATION, INSPECTOR'S WORK ORDER & APPROPRIATE NONREFUNDABLE FEE.
(PLEASE PRINT OR TYPE ALL INFORMATION)

Name of Salon: _____

Address: _____ City: _____ Zip: _____

Salon Owner (s): _____

- 1. Working shampoo bowl (s) with hot & cold water in the work area?
- 2. Personal license (s) posted at the work station in full view?
- 3. All bottles labeled as to disclose the contents?
- 4. Poison or caustic substances stored in an area not open to the public?
- 5. Clippers, and/or scissors clean & covered, with a sanitizer for this equipment?
- 6. Unused medical grade disposable gloves available?
- 7. Bathroom with a handwashing sink available, with a soap dispenser, paper towels or air dryer?
- 8. Clean towels in a closed labeled cabinet or covered labeled container?
- 9. Soiled towels in a covered labeled container?
- 10. All trash containers are covered?
- 11. Adequate number of sufficient sized containers of disinfectant?
- 12. Is the disinfectant solution deep enough to immerse implements?
- 13. Is the solution a bactericidal, virucidal, fungicidal and tuberculocidal disinfectant?
- 14. Sufficient ventilation to remove or exhaust fumes, vapor & dust, to prevent hazardous condition?
- 15. No smoking, eating, or food preparation in the work area?
- 16. Salon is free of animals, alcoholic beverages, & neck dusters?
- 17. Separate outside entrance leading directly into the salon?
- 18. Solid partition separating the business from the residence or separating the facility from another business which could be a threat to public health?

Refusal to permit or interference with an inspection by an authorized representative of the Kansas Board of Cosmetology during any time the salon is operating shall constitute cause for the Board to revoke, cancel, suspend, place the license on probation, and/or impose a fine.

Send this checklist back to our office with the application, inspector's work order and nonrefundable fee of \$50.

Do not forget to sign your application.

An inspection must be completed before you may open..

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 (s) _____ Date _____

Signature of Owner (s) _____ Date _____



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 PRINT NAME)

(Current Establishment Owner Signature) (Date)

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.

(PRINT NAME)

(SIGNATURE)

(DATE)