



Kansas Board of Cosmetology

714 SW Jackson Suite 100 Topeka, KS 66603

Telephone: (785) 296-3155 Fax: (785) 296-3002

Email: Kboc@ks.gov Website: www.kansas.gov/kboc

COSMETOLOGY PROFESSION ESTABLISHMENT LICENSE APPLICATION

Newly opened; complete change of ownership; change of location.

INSTRUCTIONS

Use this application for new salons, a salon changing location or a salon completely changing ownership. If you are applying for more than one type of license (i.e. esthetics and nail technology), you must complete an application for each license type. To add or remove one or more owners do not use this application; use the [Change of Ownership Form](#).

SALON LOCATION

If there is an active salon license at the location where you would like to open your salon, one of the following requirements must be met:

Option 1: The **owner** of the active salon license returns the license to the Board marked “closed.”

You may not send the active salon license to the Board with this application. Only the current owner may send the license to the Board.

Option 2: The owner of the active salon license signs this application and authorizes you to operate the salon under their salon license; or

Option 3: The owner/manager of the building where the salon is located signs this application and states that the owner of the active salon license has vacated the premises and has no right to occupy it.

You may operate the salon prior to the compliance inspection **only if the current owner** has signed this application.

BUSINESS NAMES

Please be advised, the Board does not have the authority to dictate what business name you use for your licensure. Choosing a name that implies services outside the scope of your licensure or that is subject to copyright could result in litigation. Additionally, such use could be interpreted as misleading and/or deceptive and could result in discipline. If you have further questions or concerns about choosing a business name, please seek counsel from a licensed attorney.

OTHER BUSINESSES

If the salon is located in the same room, suite or space as another business or profession (medical office, body art, tanning, etc.) then a solid partition must separate the businesses. The partition may contain a door, but the door must remain closed during business hours. The required shampoo bowl or sink must be located in the area licensed by the Board. If the salon does not meet these requirements at the compliance inspection, the application will be denied, and you must reapply.

HOME SALONS

All salons must have a separate, **outside** entrance. The salon must be separated from living quarters by a solid partition. The partition may contain a door, but the door must remain closed during business hours. The restroom may be located in the living quarters. If the salon does not meet these requirements at the compliance inspection, the application will be denied, and you must reapply.

INSPECTION APPOINTMENT

The inspector will contact the individual designated on the application to make an appointment for the compliance inspection. A licensed practitioner must also be present at the compliance inspection. If the

appointment is missed or is canceled with less than 24-hour notice, the application will be denied, and you must reapply.

INSPECTION REQUIREMENTS

The salon must be set up and in working order at the time of the compliance inspection. If the salon does not pass the inspection, the application will be denied and you must reapply. A checklist is included in this packet for your use. Do not submit the checklist with your application. Statutes and regulations can be found on the Board's website.

SALON LICENSE

If you pass the compliance inspection, you are permitted to immediately open the salon. You will receive your license within 2 weeks of the compliance inspection. If you have not received your license after two 2 weeks, you must contact the Licensing Department.

PROCESSING TIME

The Board processes applications in the order they are received. Allow 3 weeks for your application to be processed and your compliance inspection to be scheduled and completed.

INCOMPLETE APPLICATIONS

Incomplete applications will be returned unprocessed.

APPLICANT IDENTIFICATION

Include a legible photocopy of your current U.S. government issued photo identification and one of the following:

Ownership Type 1-4:

Federal Employer Identification Number (FEIN): Submit a signed W-9 Form

Ownership Type 5:

Social Security (SS) Number: Submit a legible photocopy of your SS card. **Each owner listed must include a legible photocopy of their current U.S. government issued photo identification and social security card. The name on the ID and social security card must match.**

*Disclosure is mandatory for licensure and authorized by K.S.A. 74-148 and K.S.A. 74-139. It is used to verify identity and license individuals lawfully residing in the U.S. Upon request of the director of taxation, each such authority shall provide to the director of taxation a listing of all such applicants, along with such applicant's social security number and address.

APPLICATION CHECKLIST:

- ✓ All sections are completed;
- ✓ Application is signed by all owners;
- ✓ Applicant Identification Documents
- ✓ \$60 Non-refundable Fee (check, money order or Credit Card); and
- ✓ **Submitted at least 3 weeks prior to requested opening date.**

If you have questions about this form please e-mail vickie.rodriquez@ks.gov

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ESTABLISHMENT LICENSE APPLICATION**

OFFICE USE ONLY

SECTION 1 - TYPE OF APPLICATION

License Type: (only check one) Application Type:(only check one) Location:(only check one)

- | | | | | |
|--|--|---|---|-------------------------------|
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Electrology | <input type="checkbox"/> New Salon | <input type="checkbox"/> Commercial | <input type="checkbox"/> Home |
| <input type="checkbox"/> Nail Technology | <input type="checkbox"/> Change of Ownership | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Senior Care Facility | |
| <input type="checkbox"/> Esthetics | | | <input type="checkbox"/> Mobile | |

| | |
|-------------|--|
| Sent | |
| Inspector | |
| Inspected | |
| License No. | |

SECTION 2 - REQUESTED OPENING DATE Allow 3 weeks from the date the application is filed

Date the salon will be ready for inspection

SECTION 3 - SALON INFORMATION

| | | | | |
|------------|-----|---|------|-----|
| Salon Name | | Applicant/Owner Name(s) | | |
| Address | | Suite/Room No. | City | Zip |
| Phone | Fax | Email (Required for official Board notifications) | | |

SECTION 4 - LICENSED PRACTITIONER Name of the licensed practitioner that will be present at the compliance inspection

| | | | |
|------|--------------|-------------|-----------------|
| Name | License Type | License No. | Expiration Date |
|------|--------------|-------------|-----------------|

SECTION 5 - INSPECTION APPOINTMENT Name of the person to contact to make the compliance inspection appointment

| | | |
|------|-------|-------|
| Name | Phone | Email |
|------|-------|-------|

SECTION 6 - SALON HOURS List the hours the salon is open; "by appointment only" salons must list typical appointment times

| | | | | | | |
|--------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|

SECTION 7 - OTHER BUSINESSES Yes No Will any other business operate in the salon area? If "yes," list the business: _____**SECTION 8 - LOCATION HISTORY** If the location has an active salon license, **you must complete this section**

| | | |
|-------------------|-------------|----------------------|
| Active Salon Name | License No. | Current Owner's Name |
|-------------------|-------------|----------------------|

- Option 1 - Active License Returned.** The owner of the active salon license has returned the license to the Board marked "closed."
- Option 2 - Change of Ownership.** I am the owner or officer of the above-referenced active salon license. I authorize the above-referenced applicant to operate the salon using my salon license. I understand that I or my business entity will be legally responsible for any violations and financially responsible for any fines imposed against the salon while the applicant is operating under my salon license. I authorize the Board to cancel my salon license upon the applicant passing a compliance inspection.

| | | |
|-----------------------|--------------------|------|
| Owner or Officer Name | Signature Required | Date |
|-----------------------|--------------------|------|

- Option 3 - Vacant.** I am the current owner or manager for the premise where the above-referenced salon license is issued. The salon is no longer operating at this address and the owner(s) has no right to occupy the premises.

| | | |
|-----------------------------|--------------------|------|
| Building Owner/Manager Name | Signature Required | Date |
|-----------------------------|--------------------|------|

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www.kansas.gov/kboc Email: kboc@ks.gov Fax: (785) 296-3002COSMETOLOGY PROFESSION
ESTABLISHMENT LICENSE APPLICATION**SECTION 9 - OWNERSHIP INFORMATION** Attach an additional sheet if there are more than two owners.

| | | | | | |
|---|---|---|---|--|--|
| <input type="checkbox"/> 1).LLC Provide FEIN | <input type="checkbox"/> 2).Partnership Provide FEIN | <input type="checkbox"/> 3).Corporation Provide FEIN | <input type="checkbox"/> 4).S Corporation Provide FEIN | <input type="checkbox"/> 5).Sole Proprietorship Provide SSN | |
|---|---|---|---|--|--|

Ownership Type 1-4 Only

| | | | | | |
|-----------------------------|------|-------|---|-----|--|
| Name (Business Entity Name) | | | FEIN (Federal Employer Tax Identification No.) Submit a signed W-9 Form | | |
| Address | | City | State | Zip | |
| Phone | Cell | Email | | | |

Each owner listed must include a legible photocopy of their current U.S. government issued photo identification and social security card. The name on the ID and social security card must match.

Ownership Type 5 Only

| | | | | | |
|-----------------------|------|-------|--|-----|--|
| Owner Full Legal Name | | | *SSN Submit a legible photocopy of your social security card | | |
| Address | | City | State | Zip | |
| Phone | Cell | Email | | | |

SECTION 10 FELONY CONVICTION & DISCIPLINARY ACTIONS

Have you been convicted of a felony? Yes ___ No ___ If yes, you must provide your case number(s): _____

If this is the first time you have notified the Board of this conviction, you must submit form #77 Felony Reporting Packet, which can be found on our website on the Forms and Applications page. Pursuant to K.S.A. 65-1908, failure to disclose all felony conviction(s) may result in disciplinary action.

Have you had a license certificate or permit revoked, suspended or limited, or had other disciplinary action taken by the State of Kansas or any other state against any professional or occupational license, certificate or permit held by you; or has an application for any professional or occupational license, certificate or permit been denied by the State of Kansas or proper regulatory authority of another state, territory, District of Columbia or another country?

Yes ___ No ___

If yes, you must submit for #82 Disciplinary Action Disclosure Form, which can be found on our website on the Forms and Applications page. Pursuant to K.S.A. 65-1908, failure to disclose all disciplinary actions may result in disciplinary action.

SECTION 11 FEE PAYMENT \$60**Credit Card Payment \$60:** Go to the Board website: www.kansas.gov/kboc

- 1). Select Payment Portal from the Top Menu Bar
- 2). Transaction Item = Facility Initial License Fee
- 3). Record your Order ID # from your emailed receipt here _____

Check or Money Order Payment \$60: Make Check or Money Order Payable to the Kansas Board of Cosmetology

- 1). Complete this form
- 2). Mail form and payment to the Board office at the address provided above.

SECTION 12 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: _____

SECTION 13 ATTESTATION & OWNER OR OFFICER SIGNATURE

The salon will ready for inspection on the date stated in this application. I understand that this application will be denied and I will have to reapply for licensure and pay the application fee if any of the following occurs:

- The application is incomplete;
- A licensed practitioner is not present at the compliance inspection;
- The compliance inspection appointment is missed or is canceled with less than 24 hours notice;
- The salon is not ready for inspection; or
- The salon fails the compliance inspection.

I will comply with the following statutes and regulations: Kansas Department of Health and Environment Regulations - K.A.R. 28-24-1 et. seq.; Cosmetology Act - K.S.A. 65-1901 et. seq.; Cosmetology Regulations - K.A.R. 69-1-1 et. seq.

I declare under penalty of perjury that the foregoing is true and correct.

| | |
|---------------------|-------------|
| Signature Required: | Date Signed |
|---------------------|-------------|

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www.kansas.gov/kboc Email: kboc@ks.gov Fax: (785) 296-3002**COMPLIANCE INSPECTION
CHECKLIST****Do not submit this Checklist with your application****PRACTITIONER LICENSURE**

- Licensed practitioner will be present at the compliance inspection
- Practitioner's active license will be posted in the establishment at the time of the compliance inspection

CHANGE OF OWNERSHIP & CHANGE OF LOCATION

- If the salon is changing ownership, the active salon license must be given to the inspector at the compliance inspection
- If the salon is changing locations, the salon license from the prior location must be given to the inspector at the compliance inspection

DISINFECTANTS

- EPA-registered bactericidal, viricidal and fungicidal disinfectant and/or bleach (If using bleach, it must be a chlorine bleach with a disinfecting method on the label)
- SDS for each disinfectant

DISINFECTANT CONTAINERS & SOLUTION

- Containers large enough for full immersion of instruments
- Containers are covered
- Measuring Cups
- A bleach solution or disinfectant must be prepared at the time of inspection**

BLOOD EXPOSURE KIT

- A disinfectant or bleach solution (see Disinfectants above)
- Protective gloves
- Antiseptic solution
- Sterile bandages
- Disposable bags (for disposing of contaminated items)

NONELECTRICAL INSTRUMENTS

"Instruments" are all items used on a client that must be cleaned and disinfected and then can be reused. Instruments include brushes, combs, shears, rollers, tweezers, nippers, etc.

Clean Instruments

- Stored in labeled, clean, covered drawer, container or cabinet
- Only stored with other clean instruments or separated from other items with bins/dividers

Used Instruments

- Labeled, covered container for storage of used instruments

ELECTRICAL INSTRUMENTS

- Stored in a labeled, clean, covered drawer or container
- Only stored with other clean electrical instruments
- Clippers may be stored on the workstation if blade is covered

SINGLE-USE ITEMS

- Stored in a labeled, clean, covered container or manufacturer's original packaging

PRODUCTS

- Labeled and stored in a closed container or kept closed in the manufacturer's original packaging
- Kept clean so label is legible

LINENS AND CAPES

- Closed and labeled container or enclosed storage area for dirty
- Closed and labeled container or enclosed storage area for clean
- Washer set to "hot"

SHAMPOO BOWL/SINK

Every cosmetology salon must have a shampoo bowl. Nail technology, esthetics and electrolysis salons must have a sink. The shampoo bowl/sink must be separate from the restroom and must be located in the premises licensed by the Board

- Hot and cold running water
- Working shampoo sprayer (bowls only)
- Clean and free of hair, debris and product

ESTABLISHMENT

- Back bar, workstations, treatment & manicure tables and service chairs are kept clean and disinfected.
- Salon is clean and free of dust, hair and nail clippings
- Well lighted and ventilated
- Waste receptacles are kept covered

RESTROOM

The restroom may be located in the same building as the salon and does not have to be located in the area licensed by the board

- Clean
- Working sink and toilet
- Liquid soap dispenser
- Disposable paper towels or air dryer

PROHIBITED ITEMS

- Food preparation in the service area
- Smoking
- Animals (except assistance dogs)
- Neck/nail dusters
- Razor devices that remove calluses/skin blemishes
- MMA (Methyl Methacrylate Monomer)
- Instrument organizers or instrument belts

ELECTROLYSIS CLINICS

- Single-use needles
- Sharp's Container
- Ultrasonic Unit
- Enzyme Detergent
- Dry heat sterilizer or autoclave
- Sterilization pouches or test tubes with color strip indicators
- Manufacturer's procedure manual for dry heat sterilizer or autoclave
- Spore test and log for future spore tests
- Counters, treatment tables and equipment made of smooth nonporous surfaces

MOBILE ESTABLISHMENTS (in addition to above)

- Securely anchored equipment
- Water tank with at least a 20-gallon capacity
- Holding tank with at least a 20-gallon capacity
- Recirculating, flush chemical toilet with holding tank