



**Kansas Board of Cosmetology**  
714 SW Jackson Suite 100 Topeka, KS 66603  
Telephone: (785) 296-3155 Fax: (785) 296-3002  
Email: [Kboc@ks.gov](mailto:Kboc@ks.gov) Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

## **ESTABLISHMENT APPLICATION INFORMATION**

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

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 and inspector work order 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. 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.

### **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.**

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 canceled 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.

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**

If you have questions about this form please e-mail [vickie.rodriquez@ks.gov](mailto:vickie.rodriquez@ks.gov)

Last Revised 03/27/2024



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**APPLICATION FOR TANNING ESTABLISHMENT LICENSE**

- 1. Establishment Name: \_\_\_\_\_
- 2. Address: \_\_\_\_\_
- 3. City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_
- 4. Establishment Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Home Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
(Applicant must provide at least two (2) working numbers)

**Credit Card Payment \$100**  
 1). Go to the Board website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)  
 2). Select Payment Portal from the Top Menu Bar  
 3). Transaction Item = Facility Initial License Fee  
 4). Record your Order ID # from your emailed receipt here: \_\_\_\_\_

**Check or Money Order Payment \$100**  
 1). Complete this form  
 2). Make Check or Money Order Payable to the Kansas Board of Cosmetology  
 3). Mail form and payment to the Board office at the address provided above.

- 5. Ownership (Select One)  
 1) Limited Liability Company (LLC)     2) Partnership     3) Corporation     4) S Corporation     5) Sole Proprietorship

**Ownership Type 1-4 Only**

**Ownership Type 5 Only**

TAX ID#: \_\_\_\_\_ - \_\_\_\_\_

Owner SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Entity Name: \_\_\_\_\_

Owner Legal Name: \_\_\_\_\_

Submit a signed W-9 form and a legible photocopy of the applicant's current valid U.S. government issued photo ID.

Submit a legible photo copy of your social security card and your current valid U.S. government issued photo ID. The name on the ID and social security card must match.

**6. Tanning Certificate(s):**

Tanning Operator Full Name: \_\_\_\_\_ Tanning Certificate: \_\_\_\_\_ Date of completion \_\_\_\_\_  
(List name of organization issuing certificate)

**Please attach a copy of the tanning certificate to this application as well as a copy of the tanning log reflecting the training of any device operators that will be employed in your facility.**

Pursuant to K.S.A. 65-1924 a trained device operator (T.D.O.) must be present during facility operating hours. "The operator must be trained in the correct operation of the tanning devices used at the facility so the operator may inform and assist each user in the proper use of the tanning devices." Also, K.A.R. 69-12-7 states "a tanning facility operator shall maintain verification of training for each tanning device operator." Please find a list of the Kansas Board of Cosmetology approved tanning operator training included with this application.

**7. 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: \_\_\_\_\_

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

**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 or Officer \_\_\_\_\_ Date \_\_\_\_\_



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**INSPECTOR WORK ORDER**

**Tanning Facility License**

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Tanning Certificate: \_\_\_\_\_  
(List name of organization issuing certificate).

Owner: \_\_\_\_\_

Tanning Certificate: \_\_\_\_\_  
(List name of organization issuing certificate).

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 the 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Inspector work order

# Tanning Facility Self Inspection Checklist

## Facility License

- Valid with correct location & owner
- Posted in easy view of the public

## Tanning Device Operators

- Trained operator present
- List of trained operators
- Verification of training for each operator

## Lobby Warning Sign

- Warning statement posted in easy view

CAUTION: ULTRAVIOLET RADIATION  
Repeated exposure to ultraviolet radiation may cause skin damage characterized by wrinkling, dryness, fragility and skin cancer.

Failure to use protective eyewear may result in severe burns or permanent injury to the eyes.

Medications or cosmetics may increase your sensitivity to ultraviolet radiation. Consult a physician before using a tanning device if you are using medications, have a history of skin problems or believe you are especially sensitive to sunlight. Pregnant women or women taking oral contraceptives who use this product may develop discolored skin.

IF YOU DO NOT TAN IN THE SUN, YOU WILL NOT TAN FROM USE OF AN ULTRAVIOLET DEVICE OR SUNLAMP

## Consumer Warning Statements

- Written warning statement given to each consumer

- (a) Failure to use the eye protection provided to the customer by the tanning facility may result in damage to the eyes;
- (b) overexposure to ultraviolet radiation causes burns;
- (c) repeated exposure to ultraviolet radiation may result in premature aging of the skin and skin cancer;
- (d) abnormal skin sensitivity or burning may be caused by reactions of ultraviolet radiation to certain: Foods; cosmetics; or medications, including: Tranquilizers; diuretics; antibiotics; high blood pressure medicines; or birth control pills; and
- (e) any person taking a prescription or over-the-counter drug should consult a physician before using a tanning device.

## Eyewear

- Provided by facility (either for sale, for loan or for free)
- Disinfected by cleaning with soap and water and then immersing in disinfectant
- Only the tanning device operator disinfects eyewear
- Disposable eyewear placed in covered trash can

## Towels

- Clean - no storage requirement
- Dirty - placed in closed container; container does not have to be labeled

## Tanning Rooms

- Exposure schedule posted for each device
- Warning statement posted in easy view in each room

CAUTION: ULTRAVIOLET RADIATION  
1. Follow the manufacturer's instructions for use of this device.  
2. Avoid too frequent or lengthy exposure. As with natural sunlight, exposure can cause serious eye and skin injuries and allergic reactions. Repeated exposure may cause skin cancer.  
3. Wear protective eyewear. Failure to use protective eyewear may result in severe burns or permanent damage to the eyes.  
4. Do not sunbathe before or after exposure to ultraviolet radiation.  
5. Medications or cosmetics may increase your sensitivity to ultraviolet radiation. Consult a physician before using a sunlamp if you are using medication, have a history of skin problems or believe you are especially sensitive to sunlight. Pregnant women or women using oral contraceptives who use this product may develop discolored skin.

IF YOU DO NOT TAN IN THE SUN, YOU WILL NOT TAN FROM USE OF THIS DEVICE

## Required Disinfectant

- Bactericidal, fungicidal and virucidal EPA-registered disinfectant

## Tanning Devices

- Accurate timer (does not have to be located on the tanning device)
- Control that allows the consumer to turn off the tanning device at any time
- Acrylic/metal barriers are in good condition
- Stand up booths have markings to indicate correct exposure distance
- Disinfected after each use by a tanning device operator only

## Lamps

- Bulb compatibility sheet available for each type of device in the facility
- Compatible bulbs are used in each device
- Burned out bulbs are replaced

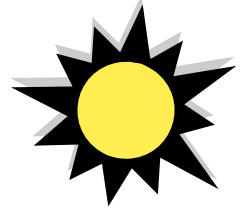
## Establishment

- Clean
- Well lighted
- Well ventilated



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## **Professional Tanning Associations That Offer Training**



This is a partial listing of acceptable training programs and educational sites for tanning salon owners, operators, and employees.

### **Online Training**

Sun is Life Training and Certification  
<http://www.sunislife.info/salon-operator-certification/>

National Tanning Training Institute (NTTI)  
<https://www.tanningtraining.com/>

International Smart Tan Network (ISTN)  
<https://smarttan.com/>

### **On site or seminar training**

Heartland Tanning, Inc.  
<https://www.heartlandtan.com/>

Suntanning Association for Education  
<http://www.suntanningedu.com/index.html>

This list does not include every training venue that may be available. Prices on training vary from institute to institute. The Board does not and will not endorse or recommend one over another.



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**LOG OF TANNING TRAINING**

Pursuant to K.S.A. 65-1924 a trained operator must be present during facility operating hours. The operator must be trained in the correct operation of the tanning devices used at the facility so the operator may inform and assist each user in the proper use of the tanning devices. Also, K.A.R. 69-12-7 states "a tanning facility operator shall maintain verification of training for each tanning device operator."

Facility Name/Address	Facility Owner(s)	Facility Manager		
Facility Owner/Operator (Manager) Training Certification				
Name	Date	Organization (List name of organization issuing certificate.*)		
Staff Training Certification				
Employee	Date of Training	Hours of Training	Trained By	Subjects Covered (If certificate issued via seminar or internet list name of company only.*)

\* Attach copy of certificate to this log and it is advised that the original certificate be posted in the facility.



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## **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 Signature Required)

\_\_\_\_\_  
(Date)





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## **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.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
(DATE)