For Office Use Only:	License No.	Date Issued:	$84.00 Licensure Fee Received: Y or N

Salon License Application

This completed application and license fee of $84.00 must be mailed at least 30 days before the anticipated opening day. A salon license ***may not be required*** if cosmetology arts and sciences services are provided in a physician's office. For additional information refer to Iowa Code 157.13(1)b, available on the web site at www.idph.state.ia.us/licensure.

Check the applicable statement:

☐ New Salon License. *A salon license is issued for a specific location to a specific owner(s). This salon was not bought from a previous owner or located at a different address.*

☐ New Salon Location, same owner. *61.2(5) a salon license shall be issued for a specific location. You moved location of your existing salon. A change in location or site of a salon shall require submission of an application for a new license*. ***You must return the original salon license from the previous location with this application.***

☐ Change in ownership of an existing salon. *61.2(6) a salon license is not transferable. A change in ownership of a salon shall require the issuance of a new license. A salon cannot be sold if disciplinary actions are pending.* ***If a salon owner sells the salon, that owner must send the license certificate*** *and a report of the sale to the board* ***within 10 days of the date on which the sale is final****. The owner of the salon on record shall retain responsibility for the salon until the notice of sale is received in the board office. A change in ownership shall be defined as any change of controlling interest in any corporation or any change of name of sole proprietorship or partnership.*

1.

_____
Name of Salon

_____
Supervisor's Name

_____
Corporation Name (if applicable)

_____
Address of Salon

_____
City *State* *Zip*

2.

_____
Owner(s) Name

_____
Salon Telephone Number

_____
E-mail Address (optional)

_____
Business Mailing Address (if different from the physical address)

_____
City *State* *Zip*

3. Name and address of every owner or partner of the salon. **Step 3 must be completed**.

Name	*License #*	*Address*	*City/Zip*	**SSN or if Corporation, Tax ID#*

4. Name and license number of every licensee practicing in the salon. **If there aren't any employees hired at this time**, make a copy of page one of this application and provide that information as soon as employees have been hired.

Name	*Manager-Supervisor Y or N*	*License #*	*Address*	*City/Zip*	**SSN*

Signature is required on page two

The following questions must be answered. If you answer "Yes" to question #5 – #10 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

5. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under $500)?	Yes	No
6. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
7. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
8. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
9. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
10. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

I certify that I have read and met all requirements pursuant to Iowa Administrative Rules Chapters 61 pertaining to salon licensure and Chapter 63 pertaining to sanitation regulations in the state of Iowa. These Chapters are located at www.idph.state.ia/licensure.

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

11. _____

Name of owner of the salon (please print)

12. _____ _____

Signature of owner of the salon ***Date***

13. _____

Name of manager/supervisor of the salon (please print)

14. _____ _____

Signature of manager/supervisor of the salon ***Date***

Instructions/Checklist for salon application

The following is a list of the supporting documents and fees required for a salon. It is the applicant's responsibility to see that all required documents and fees reach the board office.

☐ Non-refundable fee of $84.00. Check or money order **must** be payable to the Iowa Board of Cosmetology Arts & Sciences.

☐ Complete and sign the application in ink.

☐ Enclose the original license certificate **if** the salon has a change in location. Print CLOSED on the back of the certificate, along with the date the salon closed at that location.

☐ Return the original license certificate **if** the salon has a change in ownership. The previous owner must return the original license certificate. Print the date that the transfer in ownership became effective on the back of the certificate.

Please Note-Upon closure of the salon, the salon license certificate shall be submitted to the board office within 30 days. Print CLOSED on the back of the certificate, along with the date the salon closed

For status of completion of license, select License Search at www.licensediniowa.gov;

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

Mail the original completed application, not a photocopy, to:
Iowa Board of Cosmetology Arts & Sciences
IDPH/Professional Licensure Bureau
Lucas Bldg., 5th Fl/Des Moines, IA 50319

www.idph.state.ia.us/licensure