

STATE BOARD OF COSMETOLOGY

Phone: 717-783-7130
Fax: 717-705-5540
E-mail: st-cosmetology@pa.gov
Website: www.dos.pa.gov/cosmet

Mailing Address:
State Board of Cosmetology
PO Box 2649
Harrisburg, PA 17105-2649

Courier Address:
State Board of Cosmetology
2601 North Third Street
Harrisburg, PA 17110

INITIAL SALON LICENSURE APPLICATION

Instructions and Requirements

This application is to apply for initial (new) licensure, relocation or change of ownership of a cosmetology, esthetician, nail technology, or natural hair braiding salon.

PLEASE ALLOW AT LEAST FOUR WEEKS FOR PROCESSING.

1. **FEE:**

The required fee for each salon license is \$100.00, check or money order, payable to "Commonwealth of PA". The required fee is for processing of the application and is non-refundable. This fee is required regardless of issuance of a license.

A processing fee of \$20.00 will be assessed for any check returned unpaid by your bank, regardless of the reason for non-payment.

2. **INSPECTION:**

When applying for licensure of any salon, the salon **CANNOT** be open/operating prior to inspection.

RELOCATION:

If relocating a salon, you must complete and file this application with the Board Office. Your *new location* cannot be open prior to inspection, however, you may continue to operate at your existing salon until inspection of the new location.

CHANGE OF OWNERSHIP:

If changing ownership of a salon, the *new owner cannot open or operate the salon until inspection*. The previous owner **MUST** return the salon license at the time of the change.

Inspection will be scheduled after successful review of a completed application. We will **NOT** schedule an inspection until all discrepancies are resolved.

3. **SALON ADDRESS:**

The salon's physical address must appear on the salon license. Licenses will not be issued solely to a post office box number; however, a post office box number may be included along with the physical location. The post office box number must be from the same municipality of the salon location.

4. **SALON LAVATORY REQUIREMENT:**

The Board regulation at 49 PA Code §7.79 requires that all salons have adequate lavatories on the premises. The lavatory must be located within the square footage of the salon and be exclusively for the use of salon patrons. If the lavatory is not located within the square footage of the salon, you may request a lavatory variance.

5. **SALON SPACE REQUIREMENTS:**

If a salon does not meet the minimum space requirements, a space variance may be requested. *All salons must be separated from any other businesses by permanent walls or partitions and the entire salon area must be adjoining.*

If your salon consists of more than one large area (i.e. separate rooms or an L shaped room) please list the dimensions of each room/area with the total square footage of each room on a separate piece of paper clearly labeled and attached to this application

MINIMUM WIDTH REQUIREMENT FOR ALL SALONS = 10 FEET

NUMBER OF LICENSEES: 1 2 3 4 5 6 7 8 9 10 11 12

REQUIRED SQUARE FEET: 180 240 300 360 420 480 540 600 660 720 780 840

For each additional licensee, an additional 60 square feet is required.

The Pennsylvania Cosmetology Law [Act of May 3, 1933, P.L. 242, No. 86, CL. 63, Section 9.3] now allows the practice of massage therapy within the approved area of a cosmetology salon or esthetician salon.

6. **HOW TO REQUEST A LAVATORY OR SPACE VARIANCE:**

If your salon does not comply with the required width or total square footage, or if the lavatory is not located within the salon square footage or is not exclusively for use of the salon patrons, you may request a variance. To request a variance, you must submit:

- A. A written request for a variance – please explain why you are requesting the variance and the particular information requested below.
- B. A sketch which must be on 8½" x 11" paper.
- C. For *Lavatory variance*: a revised sketch showing the location of the lavatory in relation to your salon. This sketch must include the distance, in feet and inches, to the lavatory.
- D. Written directions from the shop to the lavatory. You must identify all rooms through which they must pass.
- E. A statement as to whether the lavatory is for the exclusive use of salon patrons.
- F. If the lavatory is not exclusively for use by the salon patrons, indicate the number of businesses sharing the lavatory, the approximate number of employees and patrons from those businesses who will be using the lavatory on a daily basis and the nature [i.e. type] of business.
- G. For *Space variance*: a revised sketch showing the dimensions of your salon for every wall. The sketch should include doors, windows, stations and lavatory and any exempt rooms.
- H. If the salon is to have room(s) exempt from licensure (such as for massage), indicate on a sketch the entire facility and the rooms to be exempt. These areas must have doors that close and are clearly labeled for the public and bureau inspectors.

7. **DELETING PARTNERS:**

If you are ONLY deleting partners, do NOT complete this application. You will need to complete the Salon Changes Application (45-CB200).

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SALON LICENSURE APPLICATION

PLEASE NOTE: this application is active for *one (1) year from the date of receipt* in the Board office. If the application has not been successfully processed by that time, it will be necessary to re-apply with a new fee.

This box for official staff use only:
 Appl. Number:

Staff initials:

1. TYPE OF APPLICATION (check the appropriate block)

COSMETOLOGY SALON (Able to offer all services including hair) Fee \$100.00	<input type="checkbox"/>	NAIL TECHNOLOGY SALON (Limited to nail services only) Fee \$100.00	<input type="checkbox"/>
ESTHETICIAN SALON (Limited to esthetic services only) Fee \$100.00	<input type="checkbox"/>	NATURAL HAIR BRAIDING SALON (Limited to braiding, locking & weaving only) Fee \$100.00	<input type="checkbox"/>

2. SALON NAME, ADDRESS & PHONE NUMBER (Required)

SALON TRADE NAME

(Trade name must match your sign):

SALON ADDRESS

*(If changing address, be sure to provide your NEW address here.).
 If in a plaza or mall, please indicate unit #.
 Must be a physical address, not a P O Box.*

STREET ADDRESS: _____

Suite, Unit or Store No. _____

CITY: _____ **PA** ZIP : _____

SALON TELEPHONE

(Must provide a phone number where patrons can schedule appointments)

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SALON LICENSE

(if existing salon)

SALON EMAIL

(if applicable)

3. OWNERSHIP TYPE

A. SOLE-PROPRIETOR

Print the name of salon owner. If licensed, provide license number. A sole-proprietor salon has one owner-operator.

OWNER NAME	OWNER LICENSE NUMBER (IF APPLICABLE)												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> </tr> </table>												

B. PARTNERSHIP

Print the names of ALL owners (licensed or unlicensed). Provide the license number of each licensed owner. There may be more than two partners. Attach additional pages if necessary.

OWNERS NAMES	OWNERS LICENSE NUMBERS (IF APPLICABLE)												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> </tr> </table>												
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C. CORPORATE

If the salon is owned by a corporation, provide name of the corporation. Include a copy of the certificate of incorporation. Provide a list of all corporate officers with their names and titles.

NAME OF CORPORATION

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OWNERS NAMES	OWNERS LICENSE NUMBERS (IF APPLICABLE)												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> </tr> </table>												
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4. CONTACT: (Required)

Provide the name, home address & phone number of an owner who can be contacted during daytime hours:

Owner/Officer Name: _____

Phone # _____ Alternative phone # _____

Street Address: _____

City: _____ State : _____ Zip Code: _____

EMAIL: _____

By checking this box I indicate that I prefer to receive notification regarding the salon application processing via email rather than US mail. I will check my email account on a regular basis and I will accept email from st-cosmetology@pa.gov

5. OWNER ATTESTATION (Required)**EACH SECTION BELOW MUST BE ANSWERED:**

A	I certify that I understand that <i>the salon owner is the person in charge of the salon</i> , and I further certify that when the salon owner is absent, an appropriate licensee must be designated as the person-in-charge, as per the requirements of the Cosmetology Regulations [49 PA Code, Chapter 7 at § 7.62].	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B	There is a lavatory within the salon's square footage that is to be used exclusively for salon patrons. (If no, a variance is required and must be requested in accordance with INSTRUCTION #6 on page 2).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C	Does your salon plan to offer massage therapy? <i>If you answered "NO", proceed to Section 6 below.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<i>If you answered "YES" and massage therapy will be performed in the approved area of the salon, you must abide by the Cosmetology Law, Section 9.3 and any future Regulations when approved.</i>		
	<i>If you answered "YES" and your massage therapy services will be conducted outside the approved [i.e. licensed] area of the salon, then you must:</i> 1. Submit a salon sketch, showing the massage therapy room clearly marked as "EXEMPT"; and 2. Submit a request for a lavatory variance as non-salon patrons may use of the salon lavatory.		

6. SALON AREA (Required)**YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT ANSWERS TO THESE QUESTIONS.**

If your salon consists of more than one large area (i.e. separate rooms or an L shaped room) please list the dimensions of each room or area with the total square footage of each room on a separate piece of paper clearly labeled and attached to this application. See instructions.

A	SALON DIMENSIONS:	Length:	Width:	Total Square Footage: (Length multiplied by the width.)
B	Total number of licensees that will be working in the salon at any one time:			

7. OWNER'S OATH (Required)

All owners must sign below. If applicant is a corporation, all officers must sign. Use additional pages if necessary.

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

I further understand that if a bureau inspector determines that I have not correctly answered any questions provided within this application or if my salon does not meet all requirements for licensure, authority to operate will not be given at the time of inspection and I will be responsible for all applicable re-inspection fees.

NAME OF SALON: _____

Owner/Officer Signature: _____ **Date:** _____

Owner/Officer Signature: _____ **Date:** _____

Owner/Officer Signature: _____ **Date:** _____