

STATE BOARD OF COSMETOLOGY

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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

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

CHANGES TO SALON LICENSE APPLICATION

Instructions and Requirements

This application is used **ONLY** for making changes to an existing salon (cosmetology, esthetician, nail technology or natural hair braiding) remaining at the same physical location. For initial licensure of a salon, change of physical location or a complete change of ownership, you must complete and submit a new salon application through our online licensing system www.pals.pa.gov.

This application is active for six months from the date of receipt by the Board. If the application has not been successfully processed by that time, it will be necessary to re-apply with a new fee.

PLEASE READ AND FOLLOW ALL INSTRUCTIONS.

YOU MUST KEEP A COPY OF THIS APPLICATION AND ALL ATTACHMENTS SUBMITTED WITH YOUR APPLICATION, INCLUDING THE SALON LICENSE, IF APPLICABLE.

ALLOW AT LEAST FOUR WEEKS FOR PROCESSING.

1. You MUST attach your current salon license to this application.

If the license is not available, you must provide a signed statement from the current owner indicating the license number of the salon and the reason why the salon license is not available to return. **Exception: If changing square footage only, the license should not be returned. You must display a COPY of your existing salon license with a copy of this completed application in your salon until the permanent license reflecting the change(s) is received.**

2. FEES

Your application must include the required fee(s). If an inspection is required as a result of your change, the fee is \$85.00. For changes not requiring an inspection, the fee is \$30.00. If making multiple changes, submit only one fee in the highest amount for the changes you are making. For example, if you are changing trade name (\$30.00 fee) and at the same time changing square footage (\$85.00 fee), submit **ONLY** the \$85.00 fee.

The application fee is non-refundable. Make your check or money order payable to "Commonwealth of PA". **DO NOT SEND CASH!** A processing fee of \$20.00 will be assessed for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

3. APPROPRIATE LICENSEE REQUIRED

To be given the authority to practice, a salon must be ready to operate at the time of inspection. This includes the requirement that each salon must have at least one licensee who is either an owner or employee of the salon licensed to perform the services specific to the type of salon license to be issued. For example, a cosmetology salon requires a cosmetologist licensee (barbers may also work with cosmetologists), a nail technology salon requires a cosmetologist or nail technician licensee, and an esthetician salon requires a cosmetologist or esthetician licensee. Without an appropriate licensee, authority to practice at the time of inspection cannot be provided and a re-inspection will be necessary to determine compliance.

4. SALON ADDRESS

Licenses must be issued to the salon's physical address. 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 post office area of the salon location.

5. SALON MANAGEMENT

Every cosmetology, esthetician and nail technician salon owner must designate a licensed person in charge of the salon in the owner's absence. This person must be appropriately licensed by the Cosmetology Board. The name of the owner or designated licensed person in charge must be posted in a conspicuous place in the salon. The owner or designated licensed person in charge of the salon must be readily available during regular business hours to bureau inspectors.

6. SALON SPACE REQUIREMENTS

If a salon does not meet the minimum space requirements, a space variance may be requested. The Board will consider any reasonable variance request. For information on requesting a variance, refer to INSTRUCTION "How to Request Variance." *All salons must be separated from any other businesses by permanent walls or partitions and the entire salon area must be adjoining.*

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.

7. ZONING

You are not required to submit zoning approval with this application; however, you should check with the zoning board in your area to be sure you are permitted to operate your salon. Zoning approval is a matter between you and your zoning board.

8. CORPORATE APPLICANTS

If applicant is a corporation, include a copy of the certificate of incorporation from the Pennsylvania Corporation Bureau. Be sure that the corporation is authorized to conduct business within Pennsylvania. To register the corporation, contact the Pennsylvania Corporation Bureau at 717-787-1057.

9. **FICTITIOUS NAME (TRADE NAME) REGISTRATION**

If you will be using a first name or any other name than your own last name (surname), it would be considered a fictitious name and should be registered with the Corporation Bureau as a fictitious name. You may contact the Corporation Bureau at 717-787-1057. While the proof of registration of a fictitious name need not be submitted with this application, it is the salon owner's responsibility to ensure that a fictitious name is properly registered.

10. **HOW TO REQUEST SPACE VARIANCE**

If your salon does not comply with the required width or total square footage, you may request a variance. To request a variance, you must:

- A. Submit a written request for a variance explaining why you are requesting the variance; and
- B. Submit a sketch on 8½" x 11" paper that shows the dimensions of your salon for every wall. The sketch should include doors, windows partitions, shampoo basins, adjustable chairs and other floor equipment.

11. **DELETING PARTNERS**

If you are unable to obtain the signature of the deleted partner(s), you must apply for an initial (new) salon license through PALS at www.pals.pa.gov. Be sure to return the existing current salon license with a notarized statement indicating that you are unable to obtain the signature of the deleted partner(s). At least one partner must remain the same as previously declared to the board and stated on the license.

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CHANGES TO EXISTING SALON APPLICATION

PLEASE NOTE: this application is active for six months 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.

For processing staff use only:
 Application Number:
 Staff initials:

1. APPLICANT INFORMATION ALL INFORMATION MUST BE COMPLETED.

Salon owner(s) <i>(provide all owners names as they appear on the current license)</i>																					
Salon Name: <i>(as shown on current license)</i>																					
Salon Address:																					
<i>Street:</i>	<i>Unit or Store #</i>																				
<i>City:</i>	<i>State: PA Zip Code:</i>																				
<i>Email:</i>																					
<i>Salon email contact:</i> <input type="checkbox"/> 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@state.pa.us																					
Salon License Number:	Salon Telephone Number:																				
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2. CHECK ALL APPLICABLE BLOCKS FOR THE CHANGE(S) BEING MADE:

Only checks written in the amount of \$5, \$30, or \$85 will be accepted regardless of the number of changes requested. The higher fee amount takes precedence.

POST OFFICE OR 911 CHANGE OF ADDRESS - \$5.00 FEE

Attach a letter from the post office OR 911 agency verifying that the change of address is the result of a post office or 911 address change only, and that no physical change in location has occurred.

CHANGE OF TRADE NAME - \$30.00 FEE (NO INSPECTION REQUIRED)

If you will be using a first name or any name other than your own last name, it would be considered a fictitious trade name and must be registered with the Corporation Bureau. You may contact the Corporation Bureau at 717-787-1057. Proof of registration need not be submitted to the board. You must return the license issued in the previous name. If the license is not available, you must provide a signed statement from the current owner indicating the license number of the salon and the reason why the salon license is not available to return.

INDICATE YOUR NEW TRADE NAME →

CORPORATION CHANGE - \$30.00 FEE (NO INSPECTION REQUIRED)

If changing to or from corporate ownership with the majority of individual owners/officers remaining the same, you may apply for the change on this application. Attach additional pages if necessary. If the majority of owners/officers are changing, apply for an initial (new) salon license application at www.pals.pa.gov.

INDICATE THE CHANGE BEING MADE & INCLUDE THE CORPORATE NAME →

NAME OF CORPORATION	EMPLOYER IDENTIFICATION NUMBER (EIN)																								
OFFICERS NAMES & TITLES	OWNERS' LICENSE NUMBERS <i>(if applicable)</i>																								
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ADDING PARTNER(S) - \$30.00 FEE (NO INSPECTION REQUIRED)

Provide the name and license number of all added partners. All added partners must sign in the appropriate space below

ADDED PARTNER	LICENSE NUMBER <i>(if applicable)</i>	SIGNATURE																						
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DELETING PARTNER(S) - \$30.00 FEE (NO INSPECTION REQUIRED)

Provide the name and license number of all partners to be taken off of the license. At least one partner must remain the same. All partners to be deleted MUST sign in the appropriate signature area. Without the required signature of the deleted partner(s), this application cannot be processed. (refer to INSTRUCTION #11)

DELETED PARTNER NAME	LICENSE NUMBER <i>(if applicable)</i>	SIGNATURE OF DELETED PARTNER

CHANGE IN SQUARE FOOTAGE - \$85.00 FEE (INSPECTION REQUIRED)

If changing the square footage of your existing salon, you must answer questions A and B below AND provide a detailed written explanation on a separate paper as to what changes are being made to the square footage of the salon. You must provide a before/after sketch of the salon layout indicating the area(s) being changed. Please be specific; you may use colors or solid/dotted lines. If we cannot determine the changes being made, delays in the issuance of your license will occur.

A. Total number of licensees that will be working in the salon at any one time:			
B. Please circle one:	Adding salon space	Deleting salon space	
C. OLD SALON DIMENSIONS: <i>L x W = Total</i>	Length:	Width:	Total Square Footage:
D. NEW SALON DIMENSIONS: <i>L x W = Total</i>	Length:	Width:	Total Square Footage:

3. OWNER'S OATH

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.

OWNER/OFFICER SIGNATURE _____ DATE: _____

OWNER/OFFICER SIGNATURE: _____ DATE: _____

OWNER/OFFICER SIGNATURE: _____ DATE: _____