

MONTANA BOARD OF BARBERS AND COSMETOLOGISTS
P. O. Box 200513
301 S PARK, 4TH FLOOR (Delivery)
Helena, Montana 59620-0513
(406) 841-2378 FAX (406) 841-2309
E-MAIL: dlibsdcos@mt.gov WEBSITE: www.cosmetology.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
Please allow 10 days for processing from the date the Board receives a completed routine application

**NO SERVICES CAN BE PERFORMED IN A SALON OR SHOP
UNTIL A SALON OR SHOP LICENSE HAS BEEN ISSUED**

LICENSE REQUIREMENTS:

- ◆ **Salon/shop licenses are non-transferable:**
 - **Upon a change in ownership, the salon or shop must submit a new salon or shop application accompanied by the appropriate fees and a letter from the past owner attesting to the sale and instructing that the license in their name be closed.**
 - **Upon a change in location, the salon or shop must submit a new salon or shop application accompanied by the appropriate fees**

FEES:

- ◆ **\$ 50.00 Salon/Shop License Application Fee**
- ◆ **\$ 100.00 Initial Salon/Shop Inspection Fee**

****Make check or money order payable to the Montana Board of Barbers and Cosmetologists****

DOCUMENTS:

The following documents must be submitted with your application:

- ◆ **A blue print or very detailed floor plan drawn to scale, indicating the complete layout of the salon to include: the dispensary area, shampoo area, reception area, location of restrooms showing sinks and toilets, stations & chairs, retail areas, sinks, manicuring area, electrology room or area; list dimensions of all floor space and list all entrances and exits**
- ◆ **RESIDENTIAL SALONS: Include in your detailed floor plan all entrances into the salon from the outside and the salon location relative to the rest of your home, including what level, stairs and restrooms facilities are available for client use.**
- ◆ **MOBILE HOMES, MOVEABLE TRAILERS AND STRUCTURES ON SKIDS: Please note that the rules governing Barbers and Cosmetologists forbid salons and shops to be located in the mobile homes, moveable trailers and structures on skids unless such structure bears the appropriate certification of inspection from the Department of Housing and Urban Development.**

APPLICATION PROCEDURES

- ◆ **When the application file is complete, it will be processed by Board staff for temporary licensure. The applicant may be notified if additional information or a Variance Request is required.**

- ◆ If a Variance Request is needed processing of the application may be delayed. Variance Requests must be reviewed by the Board during a regularly scheduled Board meeting and may take up to 120 days to process.
- ◆ Keep the Board office informed at all times of any address change, change in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- ◆ Once a complete routine application is received, processing may require up to 10 days to process.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a temporary license will be issued.
- ◆ The temporary license will be valid until the salon/shop has been inspected and approved by a Board Inspector. Once the Board Inspector has approved the salon/shop a permanent license will be issued.

For information regarding the processing of this application or other concerns please contact the Board of Barbers and Cosmetologists staff at (406) 841-2378 or email us at dlibsdcos@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF SALON/SHOPS ON OUR WEBSITE: www.cosmetology.mt.gov

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Application for Licensure for: (All fees are non-refundable and are not pro-rated)

Barbershop \$50.00 + Inspection Fee \$100.00 = \$150.00

Salon - \$50.00 + Inspection Fee - \$100.00 = \$150.00

PLEASE CHECK HERE IF THIS IS A RELOCATION

Please allow 10 days for processing a completed routine application.

1. SALON/SHOP NAME: _____

2. SALON/SHOP ADDRESS: _____
(PHYSICAL ADDRESS) (PO BOX) (CITY) (ST) (ZIP)

3. SALON/SHOP TELEPHONE #: _____

4. BUSINESS TAX ID: _____

5. ESTIMATED DATE OF OPENING: _____ HOURS OF OPERATION: _____

6. OWNERS:

(LAST) (FIRST) (MI) (SS#) (PHONE #) (LIC #, IF APPLICABLE)

(LAST) (FIRST) (MI) (SS#) (PHONE #) (LIC #, IF APPLICABLE)

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(LAST) (FIRST) (MI) (SS#) (PHONE #) (LIC #, IF APPLICABLE)

7. PLEASE LIST ANY OTHER SALONS/SHOP EVER OWNED BY ANY OWNER:

Name of Salon/Shop	License # of Salon/Shop	Location of Salon/Shop	Is salon/shop still open
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. HAS THIS LOCATION PREVIOUSLY BEEN LICENSED AS A SALON OR SHOP? Yes No

If yes, please indicate: _____
Name of Previous Salon/Shop Name of Previous Salon/Shop Owner

9. IS THE SALON/SHOP LOCATED IN A: Commercial Building Residential Building

10. Does the salon/shop have hot and cold running water connected to a sewage system within the confines of the salon? Yes No
11. Does the salon/shop have a public restroom facility with a hand washing basin located on or near the premises? Yes No
12. Does the salon/shop have a separate sink (or shampoo bowl) in the work area other than the sink in the restroom? Yes No
13. Does the salon/shop have mechanical ventilation that changes air 4 times per hour for the entire cubic square feet of the salon? Yes No
14. Does the salon/shop have at least one wet covered sanitizer? Yes No
15. Does the salon/shop have at least one covered soiled linen container? Yes No
16. Does the salon/shop have at least one covered garbage container? Yes No
17. Does the salon/shop have at least one closed dust free cabinet to store clean towels? Yes No
18. Is all of the flooring in the salon/shop work, dispensary and restroom areas non-porous (not carpeted)? Yes No
19. Does the salon/shop have liquid soap dispensers available for hand washing? Yes No
20. Does the salon/shop have single service towels or an air dryer available for hand drying? Yes No
21. Is (will) the NIC Blood spill procedure posted in public view? Yes No

IF THE SALON/SHOP IS LOCATED IN A RESIDENCE:

22. Does the salon/shop have a separate outside entrance directly into the salon? Yes No
23. Is the salon/shop separated from any living quarters? Yes No
24. Do clients need to walk through the residence to reach the restroom? Yes No

IF THE SALON/SHOP IS OFFERING ELECTOLOGY SERVICES:

25. Does the salon/shop have a high frequency generator or galvanic generator or electrolysis machine? Yes No
26. Does the salon/shop have disposable pre-sterilized needles in various sizes or an autoclave for sterilization? Yes No
27. Does the salon/shop have covered containers for all lotions, soaps and cotton to be used on clients? Yes No
28. Does the salon/shop have fine pointed epilation forceps? (4 each) Yes No
29. Does the salon/shop have draping sheets or towels? (6 each) Yes No

IF THE SALON/SHOP IS OFFERING MICRODERMABRASION SERVICES:

31. Has the licensee who is offering microdermabrasion services received an endorsement from the Board? Yes No
32. Has the microdermabrasion machine that is being used for the services been approved by the Board? Yes No

33. Has any owner ever voluntarily surrendered, cancelled or forfeited your license or temporary operating permit? If yes, attach a detailed explanation. Yes No
34. Has a licensing agency ever taken adverse or disciplinary action against any of the owners or their license? If yes, attach a detailed explanation. Yes No
35. Has a complaint ever been made against any owner alleging unethical behavior, or unprofessional conduct? If yes, please explain? Yes No
36. Has any owner ever had a license or temporary operating permit denied, revoked or suspended? If yes, attach a detailed explanation. Yes No
37. Has any of the owners ever forfeited or surrendered their license(s) or temporary operating permit(s)? If yes, attach a detailed explanation. Yes No
38. **Have you enclosed all required documents that are listed on pages 2 and 3 of this application?** Yes No
39. What are your days/hours of operation? _____

ADDENDUM TO APPLICATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Cosmetologists.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application. **For multiple owners of the salon, please have all partners, corporate officers or multiple owners sign the application.**

Legal Signature of Applicant

Date

