

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, or relocation 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.

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 detailed floor plan indicating the complete layout of the salon to include (appropriate to type of Salon/Shop) All entrances and exits; the dispensary area, shampoo area, reception area, location of restrooms showing sinks and toilets, stations & chairs, retail areas, sinks, manicuring area and electrology room or area.

? 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. (must provide direct entry into the Salon/Shop from a public access area.)

** A map and directions to your location MUST be included with your application**

? 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 mobile homes, moveable trailers and structures on skids. However, some exceptions may apply. Before sending this application to the Board, contact the Bureau of Building and Measurement Standards at (406) 841-2040 to determine whether your structure falls within an exception.

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: **SALONS AND BARBERSHOPS**
(All fees are non-refundable and are not pro-rated)

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) (CITY) (ST) (ZIP)

(MAILING ADDRESS) (CITY) (ST) (ZIP)
3. SALON/SHOP TELEPHONE #:(_____) _____ FAX: (_____) _____
4. BUSINESS TAX ID: _____
5. ESTIMATED OPENING DATE: _____ HOURS OF OPERATION: _____

6. OWNERS: _____
(LAST) (FIRST) (MI) (SS#) (PHONE #) (LIC #, IF APPLICABLE)
- _____
(LAST) (FIRST) (MI) (SS#) (PHONE #) (LIC #, IF APPLICABLE)
- _____
(LAST) (FIRST) (MI) (SS#) (PHONE #) (LIC #, IF APPLICABLE)
- _____
(LAST) (FIRST) (MI) (SS#) (PHONE #) (LIC #, IF APPLICABLE)

7. Please list any other Salons/Shops 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 located in: 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 available on or near the premises of the salon/shop? If no, please obtain, complete and submit a variance request with this application. 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 ELECTROLOGY SERVICES:
25. Does the salon/shop have a high frequency generator or galvanic 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:

30. Has the licensee who is offering microdermabrasion services received an endorsement from the Board? Yes No

31. Has the microdermabrasion machine that is being used for the services been approved by the Board? Yes No

OWNER HISTORY:

32. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

33. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a explanation and provide supporting documentation from the source. Yes No

34. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

36. Has a licensing agency initiated or completed disciplinary action against any, professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

37. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

37. Has a complaint ever been made against you with a professional or, occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

39. Have any civil legal proceedings been filed against you by a client, former client or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

40. Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult. Yes No

41. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No
41. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No

AFFIDAVIT

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

