

# Cosmetology Salon License Application

Non-refundable fee of \$84.00

## SECTION A. SALON DEMOGRAPHICS. PRINT CLEARLY & LEGIBLY

Name of Salon: \_\_\_\_\_

Salon address: \_\_\_\_\_

**Must** include the suite/studio/unit number if applicable.

\_\_\_\_\_  
City/Iowa Zip Code

## SECTION B. INDICATE THE TYPE OF OWNER OF THIS BUSINESS

- C & S Corporation
- LLC: Company that has only one member
- LLC: Company that has more than one member
- Partnership
- Professional Corporation
- Sole Proprietorship

## SECTION C – SOLE PROPRIETORSHIP OR PARTNERSHIP – PLEASE PRINT CLEARLY & LEGIBLY

**IMPORTANT NOTE:** The name listed as the primary owner will receive the licensure documents in the mail. They will also receive the email notifications when time to renew this license.

Full name of all business owner(s). **List primary owner first.** Use additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary owner mailing address (see important note above): \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip Code

Primary owner e-mail (see important note above): \_\_\_\_\_

Primary owner phone number: \_\_\_\_\_

Primary owner Iowa license #: \_\_\_\_\_

Primary owner SSN or Tax ID #: \_\_\_\_\_

Primary owner Date of Birth: \_\_\_\_\_

If the primary contact does not hold an active Iowa license in the Cosmetology Arts & Sciences Board (cosmetologist, electrologist, esthetician, nail technician) you **must** provide the full name and license number of licensee working in the salon in the role of manager or supervisor, as required by the Board.

Full Name of licensed staff working in role as manager/supervisor as required by the Board.	License #

**SECTION D. CORPORATION OR LIMITED LIABILITY COMPANY – PLEASE PRINT CLEARLY & LEGIBLY**

**Complete this section only if salon is owned by a corporation/LLC, etc.**

**IMPORTANT NOTE:** The name listed as the primary contact will receive the licensure documents in the mail. They will also receive the email notifications when time to renew this license.

Name of Corporation: \_\_\_\_\_

Corporation mailing address (see important note above): \_\_\_\_\_

Primary contact e-mail (see important note above): \_\_\_\_\_

Primary contact phone number: \_\_\_\_\_

Primary contact Iowa license #: \_\_\_\_\_

Primary contact SSN or Tax ID #: \_\_\_\_\_

Primary contact Date of Birth: \_\_\_\_\_

If the primary contact does not hold an active Iowa license in the Cosmetology Arts & Sciences Board (cosmetologist, electrologist, esthetician, nail technician) you **must** provide the full name and license number of licensee working in the salon in the role of manager or supervisor, as required by the Board.

Full Name of licensed staff working in role as manager/supervisor as required by the Board.	License #

**SECTION E. SCREENING QUESTIONS FOR ALL OWNERS**

**If you answer “Yes” to any of the screening questions listed above, you must do the following:**

- a. Attach a signed letter of explanation to this application providing the details of the incident(s) that caused you to answer “Yes”.
- b. Attach a copy of court ordered evaluations that resulted from your convictions (if any) to this application, along with evidence that the recommendations from the evaluations have been completed.
- c. Attach a copy of all official court documents regarding the conviction or malpractice action to this application, including final disposition of the case or settlement agreement.

Yes	No	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)? If you have already reported this incident to the licensing board, you may answer “NO” to this question. You do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board, you may answer “NO” to this question. You do not need to report it again.
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer “NO” to this question.
Yes	No	Been disciplined or sanctioned by any other 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	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 Program, you may answer "NO" to this question.)

**SECTION F. SALON INFORMATION. ANSWER ALL SIX QUESTIONS.**

Yes	No	<b>Is this a home salon?</b> If YES, list the number of chair/work station(s) within the salon _____.
Yes	No	<b>Is this a chair/workstation rental salon?</b> If YES, list the number you plan to rent to licensed contractors <b>not</b> employees _____.
Yes	No	<b>Are you an independent contractor</b> working in a licensed salon and renting a single chair/work station from that owner?
Yes	No	<b>For salons that do not fall into the categories above</b> , list the number of chair/work station(s) within the salon _____.
Yes	No	<b>Is this salon application due to Change of Owner(s)?</b> The former location will be closed when new location becomes active. The former location 8x10 salon license certificate <b>must</b> be returned to the Board office.
Yes	No	<b>Is this salon application due to Change of Location?</b> The former location will be closed when new location becomes active. The former location 8x10 salon license certificate <b>must</b> be returned to the Board office.

**SECTION G. CERTIFICATION**

**I certify** that I have read and met all requirements pursuant to Iowa Administrative Rules 645--**Chapter 61** pertaining to salon licensure and 645--**Chapter 63** pertaining to building standards and infection control in the state of Iowa. These Chapters are located at this web site: <https://idph.iowa.gov/Licensure/Iowa-Board-of-Cosmetology-Arts-and-Sciences/Laws-and-Rules>

**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 during 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 in Iowa law.

**I understand** that the Board strongly suggests that the **salon self-inspection checklist** is completed prior to the reactivation of the salon license and will be done once per year after that.

The salon self-inspection checklist can be found at this web site:

<https://idph.iowa.gov/Licensure/Iowa-Board-of-Cosmetology-Arts-and-Sciences/Licensure>

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.

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Signature of salon owner(s) Date

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Signature of manager/supervisor of salon Date

Instructions/Checklist for a salon application. This page **is not to be mailed** with the above application. This page is for your records.

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.

Allow 3-4 weeks for processing. Once approved new cards will be mailed to the primary owner.

You are strongly encouraged to complete the salon self-inspection checklist prior to opening a salon and once per year after that. The salon self-inspection checklist can be found at this web site:

[https://idph.iowa.gov/Portals/1/userfiles/192/COS%20Salon%20SI%20Form%203\\_2018.pdf](https://idph.iowa.gov/Portals/1/userfiles/192/COS%20Salon%20SI%20Form%203_2018.pdf)

In the owner(s) do not hold an active license, you must provide the full name and license number of the licensee designated as the manager or supervisor. **The license cannot be issued without this information.**

A licensed barber or cosmetologist may be hired to manage or supervise a licensed salon.

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

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 completed application to:**

Board of Cosmetology Arts & Sciences  
IDPH/Bureau of Professional Licensure  
5th Floor, Lucas State Office Building  
321 E. 12th St.  
Des Moines, IA 50319

Email: [PLPublic@idph.iowa.gov](mailto:PLPublic@idph.iowa.gov)

Phone: (515) 281-0254

Fax: (515) 281-3121

Bureau Website: [www.idph.iowa.gov/licensure](http://www.idph.iowa.gov/licensure)

Online Licensure Services: <https://ibplicense.iowa.gov>