

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
COSMETOLOGY
P.O. Box 30244, Lansing, MI 48909
517-241-8720
www.michigan.gov/cosmetology

INSTRUCTIONS FOR OBTAINING A NEW COSMETOLOGY SHOP LICENSE

AUTHORITY: P.A. 299 of 1980, as amended

IMPORTANT

Complete all pages of the application and the self-inspection report. **Return the application, self-inspection report, shop diagram, a filed copy of your Corporation or County Clerk papers showing your business entity has legal authority to do business in Michigan, and the application fee to this office. Submit the application at least 6 weeks prior to your anticipated opening date.**

Basic requirements for an Establishment (shop) license are:

1. Section 1203b "A person shall not conduct or operate a cosmetology establishment or school of cosmetology without a school or establishment license issued under this article."
2. Section 1204(2): "A cosmetology establishment shall be completely separated by full partitions and doors from a dwelling or a school of cosmetology."
3. Rule 71(1)(a): An establishment or school shall have "an adequate supply of running hot and cold water".
4. Rule 71(1)(e): An establishment or school shall have "a source of drinking water in an area other than that used to mix chemicals".
5. See the Health and Safety Section of the Administrative Rules, Board of Cosmetology (Rules 71-79).

Follow these instructions carefully to avoid any delays in the processing of your license request:

USE OF THE APPLICATION FORM

This form may be used only to request licensure of a new cosmetology shop. An applicant whose license has been revoked must apply for reinstatement. If your shop license has expired but the ownership and location of the shop have not changed, you must apply for relicensure. Contact the department at the number listed above to request the appropriate forms. **Do not use the new cosmetology shop application form to obtain a reinstatement, renewal or relicensure .**

SHOP INFORMATION

List the name in which the shop will do business as. A person's full name cannot be used as the name of the shop. Complete all areas.

Indicate which cosmetology services will be rendered in the shop so we can determine whether to issue a full or limited license. Shops, which offer only specialized services, such as manicuring or facials, are not required to meet all the requirements of a full service shop.

OWNERSHIP INFORMATION

If the shop is going to have **both** licensed cosmetologists and licensed barbers working in the shop, you must also apply for a barbershop license. If you already are licensed at this location for a barbershop, provide the barber shop license number.

Mark only one box (A, B or C) and complete the appropriate information. The department will not issue a shop license to a post office box only. You may use a post office box (if it is in the same city and zip code as the shop address) along with the shop's physical address. If the shop has a telephone, include the telephone number on the application where requested. If not, provide the owner's daytime telephone number in case there are questions about the application.

LIMITED COSMETOLOGY SHOP LICENSE

A Limited Cosmetology Establishment License may be issued to you if your shop does not offer all cosmetology services. The limitation will be indicated on the license issued to you. You will only be required to maintain the equipment required to offer the specific services you mark on the application.

SHOP DRAWING OR DIAGRAM

A diagram must be submitted, with each shop application. The diagram must include rooms and work areas and must be identified or labeled as to their purpose. **Full sized blue prints will not be accepted.** Please draw your diagram on the space provided on page 3 of the application. If you do submit your diagram on a separate sheet of paper, please make sure it is on a paper no larger than 8½ x 11. Blue prints and larger papers will be returned for correction.

Areas that must be specifically labeled on your diagram are: stations and chairs, manicuring tables, sinks/shampoo bowls, skin care stations, spas, showers, baths, dryers, reception area, restrooms, **drinking water source**, etc. and all connecting rooms and businesses. **Be sure to include all walls and doors on your diagram.** A cosmetology shop must be completely separated by full partitions and doors from any dwelling or school. The diagram does not have to be drawn to scale or professionally prepared. Anyone can prepare the diagram.

If the shop is also a licensed barbershop, the portion of the shop dedicated to the barbershop must be labeled. This includes all barber chairs and stations, barber sinks, barber dryers, and any other area designated for use by licensed barbers only. While the two shops are licensed at the same location, they must each have a current shop license, and employ properly licensed persons. To receive a Barber Shop application packet, call our office at 517-241-8720 or access our website at www.michigan.gov/barbers and download under Forms & Publications.

Failure to complete the diagram according to these instructions will result in a delay in the processing of your application and possible denial.

OWNER'S CERTIFICATION

The certification is to be signed by the owner(s) of the shop. This area is to be completed AFTER the rest of the form has been filled out. Only the owner listed in Item 1 on Side One of this application form can sign this statement. If the owner is a partnership, limited liability company or corporation, lines are provided for the signatures of the partners, members or officers. Notarization is not required. Please be sure that all signatures are dated. Type or print the name after each signature.

SHOPS THAT PROVIDE APPRENTICESHIP(S)

If the shop will be providing an Apprenticeship Training Program, you may obtain the appropriate paperwork on our website at www.michigan.gov/cosmetology under Forms & Publications, or you may contact the State Board office at 517-241-8720.

MISCELLANEOUS INFORMATION

Your application will be processed after all requirements have been met and the application has been approved. A license will be mailed to the shop address approximately two weeks after approval. If you have further questions regarding the requirements for the operation of a cosmetology shop, you may download the law and rules from the Internet at: <http://www.dleg.state.mi.us/bcsc/forms/cos/coslawbk.pdf>. We also suggest that you check with your local zoning authority to determine if your area is zoned for a shop.

All requirements for licensure must be completed within one year from the date of application or if an Incomplete Application Notice has been sent, you will have one year from that date. **You may not open the shop until you receive the shop license.** If the requirements are not completed, the fees paid shall be forfeited to the department and the application shall be void pursuant to MCL 339.409(3).

All licenses expire on August 31. New licenses issued beginning May 4 will expire on August 31 of the following year. A renewal application will be mailed to the shop address approximately 60 days before the license expires.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

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COSMETOLOGY SHOP LICENSE APPLICATION

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

FOR OFFICE USE ONLY	
New Application	I.D. Number: 27-06-
Upgrade	Effective Date
	Approved by/Date

1. COMPLETE ALL 4 PAGES OF APPLICATION. PRINT LEGIBLY IN BLACK INK OR TYPE.			2. REASON FOR APPLICATION		
Name Shop Will Do Business As			<input type="checkbox"/> New Shop (No previous shop at this address)		
Federal Identification Number (from Internal Revenue Services IRS)			<input type="checkbox"/> Ownership Change (Yes, previous shop at this address)		
Social Security Number of Owner			<input type="checkbox"/> Relocation: <ul style="list-style-type: none"> License # of previous location: _____ Date previous location did or will close: _____ 		
Corporation Identification Number (from Corporation Division)			<input type="checkbox"/> Upgrade Limited License (same owner/same location) <ul style="list-style-type: none"> To add services in item 6 on page 4 of this application. Current shop license #: _____ 2706- You MUST return your present shop license with this application 		
3. SHOP INFORMATION					
Shop Address (Number and Street)		Suite Number			
City	State	Zip Code			
Business Telephone Number		County			
Fax Number		E-mail Address			
FEE PAYMENT INFORMATION (Check Appropriate Box)			FOR OFFICE USE ONLY - VALIDATION		
<input type="checkbox"/> New or Relocating Cosmetology Shop License Fee: \$50.00 (2706-01) (\$25.00 Processing Fee is Non-refundable)					
<input type="checkbox"/> Upgrade Same Owner Limited Shop License Fee: \$10.00 (2706-32) (Fee is Non-refundable)					
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN					
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.					

4. CHECK ONLY ONE (A, B, or C) OWNERSHIP TYPE AND COMPLETE THE APPROPRIATE AREA

A - INDIVIDUAL / SOLE PROPRIETOR

Individual Owner's Name		Exact Name Filed at local court house to do business as	
Home Address (Number and Street)		City	
State	Zip Code	County	
Home Telephone Number		Date of Birth	
Social Security Number		Cosmetology License Number 27-0	

OR - B PARTNERSHIP (Attach Additional Sheets If Necessary)

Name		Social Security Number	
Address (Number and Street)		License Number (If Licensed) 27-0	
City, State and Zip Code		Home Telephone Number ()	
Name		Social Security Number	
Address (Number and Street)		License Number (If Licensed) 27-0	
City, State and Zip Code		Home Telephone Number ()	

OR - C CORPORATION
 LIMITED LIABILITY COMPANY
 LIMITED LIABILITY PARTNERSHIP
 (Attach Additional Sheets For Officers If Necessary)

Exact Name of Corporation, LLC, LLP or S-Corp. as listed on documents you filed with the Corporation Division)

Federal Identification Number (from Internal Revenue Service IRS)		Corporation Division Identification Number	
Officer Name (First, Middle, Last)		Officer Title	
Home Address (Number and Street)			
City, State and Zip Code		Officer's Social Security Number	
Home Telephone Number ()		Officer's License Number (If Licensed) 27-0	

Officer Name (First, Middle, Last)		Officer Title		FOR OFFICE USE ONLY : Additional Notes:
Home Address (Number and Street)				
City, State and Zip Code		Officer's Social Security Number		
Home Telephone Number ()		Officer's License Number (If Licensed) 27-0		
Officer Name (First, Middle, Last)		Officer Title		
Home Address (Number and Street)				
City, State and Zip Code		Officer's Social Security Number		
Home Telephone Number ()		Officer's License Number (If Licensed) 27-0		

5. Draw a floor plan **in ink**, of the proposed shop below. Draw and identify or label all designated work areas, including reception area, shampoo bowls, styling stations, manicuring stations, skin care stations, areas designated for each service offered, rest rooms, **drinking water source**, etc. Show all walls and doors. Indicate any connecting rooms or businesses.

If you will also have licensed barbers working in this shop: you must submit a Barber Shop Application and when labeling the diagram indicate which stations and sinks will be used by Cosmetologists and which will be used by Barbers. (NOTE: When both Cosmetologists and Barbers work in the same shop there must be at least one station and one sink for each profession.)

THE FLOOR PLAN MUST BE PROVIDED WITH ALL APPLICATIONS, EVEN IF THE SHOP WAS A PREVIOUSLY LICENSED SHOP.

***** THIS AREA MUST BE FILLED OUT*****

6. Cosmetology Services to be rendered in Shop (*Check those that apply*)

Hair Care Note: If this box is not checked, a limited license will be issued

Electrolysis Note: Must be performed by a licensed Electrologist.

Natural Hair Cultivation Note: Shop licenses are not issued for Natural Hair Cultivation only.

Manicuring/Nails

Skin Care Services which include facials, make-up, waxing, temporary hair removal and body wrapping. Note: Must be performed by a licensed Esthetician or a licensed cosmetologist.

7. Date of Opening	8. Was there a Cosmetology or Barber Shop in this location under a previous owner/tenant? <input type="checkbox"/> No - Continue with Question 12 <input type="checkbox"/> Yes - Attach signed documentation confirming your ownership of the property or that you are a tenant at the location (i.e. lease, bill of sale, deed, etc.)	9. Date New Owner Purchased/Leased
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10. Enter Name of Shop As Licensed Under Previous Owner/Tenant	11. Enter Previous Owner/Tenant Shop License Number 27-06-
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12. Will there be licensed Barbers working in this Shop? <input type="checkbox"/> No <input type="checkbox"/> Yes - Also Answer #13	13. Is the Barber shop already licensed under <u>your</u> ownership? <input type="checkbox"/> No (request an application from the Board) <input type="checkbox"/> Yes - Your Barber Shop License Number 17-02-
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14. Will there be more than one shop operating in this building at the same time? No Yes

• If yes, list the names of the other shops:

15. • Does the shop **presently** have any active apprenticeships? No Yes

• If yes, please list the apprentice's name(s): _____

• Be advised you must contact the State Board office for new forms to transfer the apprenticeship(s) for the new location or change of ownership.

OWNER'S CERTIFICATION

(Must be signed by the individual owner listed in Ownership Section on Side One, all partners if a partnership, members of the limited liability company, or authorized officer(s) if a corporation)

16. • I certify that the Cosmetology establishment will be under daily attendance and supervision of a Michigan licensed cosmetologist who is not less than 18 years of age and has not less than 1 year's practical cosmetology experience. (This only pertains to a cosmetology shop where hair care services are offered.)
- I certify that if this is a limited establishment for electrology the supervising licensee shall hold a license for electrology in Michigan and shall not be less than 18 years of age.
- I certify that if this is a limited establishment it will be under daily attendance and supervision of a Michigan licensee, who holds a license for the service(s) checked in item 6, who is not less than 18 years of age.
- I hereby certify that the statements made in this application are true to the best of my knowledge. Information has not been withheld which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of this application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made in this application, including checking criminal, civil, and administrative records.
- I understand that after this application has been approved, the Enforcement Division of the Department of Licensing and Regulatory Affairs will be advised that this establishment is ready for, or will be ready by the indicated date of opening, for on-site inspection. I further understand that any violation of the statute or rules may result in the issuance of a formal complaint.

Signature of Owner/Partner/Officer/Member

Date

Signature of Second Partner/Officer/Member (if applicable)

Date

Signature of Third Partner/Officer/Member (if applicable)

Date

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COSMETOLOGY ESTABLISHMENT SELF-INSPECTION REPORT

AUTHORITY: P.A. 299 of 1980, as amended.
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application.

INSTRUCTIONS: Please type or print. Return this completed form with your shop application.

Name of Cosmetology Establishment		Opening or Relocation Date
Cosmetology Establishment Street Address		Suite Number
City		State
County	Zip Code	
Name of Cosmetology Establishment Owner		Daytime Telephone Number
Days & Hours of Operation		

CHECKLIST FOR SELF-INSPECTION OF COSMETOLOGY ESTABLISHMENT

YES	NO		Law or Rule
<input type="checkbox"/>	<input type="checkbox"/>	Establishment is ready for operation and on-site inspection (If you checked no, what is the date of opening? _____)	Sec.339.1203(b) Sec.339.1204(5)
<input type="checkbox"/>	<input type="checkbox"/>	I have drawn a floor plan, as required by law, including all specifications listed in area 5 on the application.	Sec. 339.1204(1)(b)
<input type="checkbox"/>	<input type="checkbox"/>	All personnel who perform cosmetology services are currently licensed in Michigan.	Sec. 339.1203a(1)
<input type="checkbox"/>	<input type="checkbox"/>	The cosmetology establishment is completely separated by full partitions and doors from a dwelling or a school.	Sec 339.1204(2)
<input type="checkbox"/>	<input type="checkbox"/>	Establishment license and licenses of individuals performing services in the establishment are displayed in a prominent place which is visible to the public at all times.	Sec. 339.1204(6)
<input type="checkbox"/>	<input type="checkbox"/>	Adequate supply of running hot and cold water <u>within</u> the establishment.	Rule 71(1)(a)
<input type="checkbox"/>	<input type="checkbox"/>	Adequate electrical outlets and wiring for the supply of all electrical equipment used.	Rule 71(1)(b)
<input type="checkbox"/>	<input type="checkbox"/>	Adequate lighting and ventilation in all rooms.	Rule 71(1)(c)
<input type="checkbox"/>	<input type="checkbox"/>	Floors, walls and ceilings maintained in good condition.	Rule 71(1)(d)
<input type="checkbox"/>	<input type="checkbox"/>	A separate source of drinking water (<u>must be labeled on your floor plan</u>), other than that used to mix chemicals. This must be within the four walls of the shop	Rule 71(1)(e)
<input type="checkbox"/>	<input type="checkbox"/>	Covered waste containers large enough to contain 1 day's accumulation of waste materials.	Rule 71(1)(f)
<input type="checkbox"/>	<input type="checkbox"/>	Establishment is in compliance with all local building codes, local and state health rules, local fire prevention and fire safety rules, and applicable OSHA regulations.	Rule 71(2)abcd
<input type="checkbox"/>	<input type="checkbox"/>	Shop practice areas clean, safe and sanitary at all times.	Rule 73(1)
<input type="checkbox"/>	<input type="checkbox"/>	Chairs and work stations clean and sanitary, chair head rest protected with clean paper or linen, and any work surface kept clean before use.	Rule 73(2)
<input type="checkbox"/>	<input type="checkbox"/>	Any sinks, tubs, spas, showers, baths or shampoo bowls kept clean and sanitary at all times, and cleansed <u>immediately</u> after each use.	Rule 73(3)
<input type="checkbox"/>	<input type="checkbox"/>	Equipment, tools, implements and supplies clean and sanitized.	Rule 76(1)
<input type="checkbox"/>	<input type="checkbox"/>	Electrical equipment kept clean, sanitized and maintained in accordance to manufacturers recommendations.	Rule 76(2)(c-d)
<input type="checkbox"/>	<input type="checkbox"/>	Creams and other semi-solids covered when not in use, removed from containers with clean sanitary spatula.	Rule 78(a)
<input type="checkbox"/>	<input type="checkbox"/>	Fluids and powders dispensed from a bottle or shaker-type dispenser.	Rule 78(b)
<input type="checkbox"/>	<input type="checkbox"/>	Clean towels and linens stored in a closed cabinet or drawer; soiled towels and linens placed in covered container until laundered.	Rule 79(2)BC
<input type="checkbox"/>	<input type="checkbox"/>	Follow equipment sanitation and sterilization procedures.	Rule 79a(1-4)
<input type="checkbox"/>	<input type="checkbox"/>	Follow blood spill procedures.	Rule 79(e)
<input type="checkbox"/>	<input type="checkbox"/>	ABC-type fire extinguisher located not less than 20 feet from work stations where open flame fusing performed.	Rule 79(f)
<input type="checkbox"/>	<input type="checkbox"/>	The establishment/owner will not allow students to practice in the establishment before receiving a license.	Rule 43(1)

READ AND SIGN PAGE 2 OF THIS FORM

YES NO

- If applicable, I have provided documentation confirming my ownership of the property or that I am the current tenant.
- Establishment presently has active apprenticeship program(s).
- If yes, I have requested the proper paperwork from the State Board to update the apprenticeship program due to the relocation or change of ownership. (See Instruction sheet.)

Please check one of the following boxes below that applies to your business and follow said instructions:

- If sole proprietorship, please attach a filed copy of the Certificate of Assumed Name from the County Clerk's office of the County in which you will be conducting business.
- If a partnership, please attach a filed copy of the Certificate of Co-Partnership from the County Clerk's office of the County in which you will be conducting business.
- If a Corporation, Limited Liability Company, Limited Liability Partnership, or S-Corp., attach a filed copy of the Articles of Incorporation and any other filed Corporation documents if the shop name is different than the entities name.

OWNERS CERTIFICATION

I certify I have received and read Article 12 of PA 299 of 1980, as amended, the Cosmetology General Rules, and that the above referenced Cosmetology establishment meets the sanitation and establishment standards required by Article 12 of PA 299 of 1980, as amended, and by the Cosmetology General Rules. I understand that after this application has been approved, the Enforcement Division of the Department of Licensing and Regulatory Affairs will be advised that this establishment is ready for, or will be ready by the indicated date of opening, for an on-site inspection. I further understand that any violation of the statute or rules may result in the issuance of a formal complaint.

All statements made in this self-inspection report are true to the best of my knowledge. I am aware that any false information given by me may be punishable by law, and/or grounds for disciplinary action against my license.

Signature of Cosmetology Establishment Owner

Date