**MONTANA BOARD OF BARBERS AND COSMETOLOGISTS**
**P. O. Box 200513**
**301 S PARK, 4TH FLOOR (Delivery)**
**Helena, Montana 59620-0513**
**(406) 444-5711 FAX (406) 841-2305**
**E-MAIL: (Application Questions Only) UnitB@mt.gov WEBSITE: www.cosmetology.mt.gov**
**General E-Mail: dlibsdcos@mt.gov**

# SALON / BARBERSHOP APPLICATION

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**

**FEES: $85.00 Salon/Shop License Application Fee**
**$150.00 Initial Salon/Shop Inspection Fee**

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

**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
- A letter from the past owner attesting to the sale, and instructions that the license in their name be closed. (If unable to get a letter from previous owner, a copy of the current lease agreement with the new owner name may be submitted.)

**DOCUMENTS:**

**The following documents must be submitted with your application:**

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****

**FOR MOBILE HOMES, MOVEABLE TRAILERS AND STRUCTURES ON SKIDS:** Before sending this application to the Board, contact the Building Codes Bureau at **(406) 841-2056** to determine whether your structure falls within the allowable building codes and regulations for a place of business.

- **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.

Please review the following requirements for a salon or shop:

**24.121.407** PREMISES AND GENERAL REQUIREMENTS

**24.121.1301** SALONS/BOOTH RENTAL

**24.121.1501** PREMISES SANITATION

**24.121.1517** SALON PREPARATION STORAGE AND HANDLING

**PLEASE BE SURE TO REVIEW ALL MONTANA LAWS AND RULES FOR SALON & SHOPS**
www.cosmetology.mt.gov (click on the "regulations" tab)

**(APPLICATION FOLLOWS)**

**MONTANA BOARD OF BARBERS AND COSMETOLOGISTS**

**P. O. Box 200513**
**301 S PARK, 4TH FLOOR (Delivery)**
**Helena, Montana 59620-0513**
**(406) 444-5711 FAX (406) 841-2305**
**E-MAIL: (Application Questions Only) UnitB@mt.gov WEBSITE: www.cosmetology.mt.gov**

# SALONS AND BARBER SHOPS

**Application for Licensure:**
**Application Fee $85.00 plus Inspection Fee $150.00**
(All fees are non-refundable and are not pro-rated)
**Please allow 10 days for processing a completed routine application.**

**I am applying for a (Please check the box that applies):** ☐ **BARBER SHOP** ☐ **SALON**

1. **SALON/SHOP NAME**: _____

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

_____
(MAILING ADDRESS) (CITY) (ST) (ZIP)

3. **SALON/SHOP TELEPHONE**# (_____)_____ FAX: (_____) _____

E-MAIL:_____

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 |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ 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. **The Salon is 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 available on or **near** the premises of the salon/shop? If **no**, please complete and submit a variance request form 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. Has the structure where the salon or shop is to be located undergone new construction, remodeling, or a change of use from another type of business? ◯ Yes ◯ No
If **yes** to the question above, please submit a copy of the building permit issued by local or state building officials for the building, or a statement from the building code official that no permit was necessary for construction, remodeling, or change in use.

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

**IS THE SALON / SHOP LOCATED IN A RESIDENCE?** ◯ Yes ◯ No

If **yes** please answer:

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

**IS THE SALON / SHOP OFFERING ELECTROLOGY SERVICES?** ◯ Yes ◯ No

If **yes** please answer:

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

**IS THE SALON/SHOP OFFERING MICRODERMABRASION SERVICES?** ☐ Yes ☐ No

If **yes** please answer:

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

31. Is the microdermabrasion machine "esthetic" grade and meets the rule requirements of 24.121.1509? ☐ 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 detailed 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

35. 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

36. 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

38. 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

39. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer **yes**, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than $200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. ☐ Yes ☐ No

40. 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

42. 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

**For information regarding the processing of this application or other application concerns please contact the Board of Barbers and Cosmetologists application staff at (406) 841-2302 or email us at DLI BSD Licensing Unit B UnitB@mt.gov**

## 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

_____ _____
Legal Signature of Applicant Date

_____ _____
Legal Signature of Applicant Date

_____ _____
Legal Signature of Applicant Date

_____ _____
Legal Signature of Applicant Date

# FLOOR PLAN