



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY & BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR REGISTRATION OF SHOP OR SALON
INSTRUCTION SHEET**

When to File an Application

- You are required to obtain a **professional license from the Division of Professional Regulation** for each location where you are operating a shop or salon. File this application when:
 - you are opening a **new** shop or salon.
 - the **ownership** of an existing shop or salon is changing (*regardless of whether the name is changing*).
 - an existing shop or salon is changing its **name** (*regardless of whether the owner is changing*).
 - an existing shop or salon is **moving** to another location.

If the new salon/shop is in a mobile unit, file the [Application for Registration of a Mobile Salon or Shop](#).

- In addition to the professional license, you are required to obtain a **business license from the Division of Revenue** -for each shop/salon you operate. To apply, visit www.revenue.delaware.gov or call 302-577-8778.

You may be required to obtain a town/city business license for a shop/salon operating in its jurisdiction. Contact the town or city for more information.

Requirements for All Applications

- Submit completed, signed and notarized [Application for Registration of Shop/Salon](#).
- Enclose [processing fee](#) by check or money order made payable to "State of Delaware." Applications received without the required fee will be rejected.
- Submit completed, signed and notarized [Statement of Shop/Salon Professional-in-Charge](#).
- Enclose detailed floor plan on 8 ½" x 11" paper or blueprints. See [Sample Floor Plan](#).
- Enclose a copy of the shop's or salon's Delaware [Division of Revenue business license](#).
- Enclose a copy of a business license issued by city of Wilmington, Dover, Rehoboth Beach or any other municipality that requires a town/city business license

All persons providing professional services in the shop/salon must hold the appropriate professional license.

All shops and salons operating in Delaware must comply with the Division of Public Health's *Rules and Regulations* on sanitation. See [Sanitation Regulations](#).

The Cosmetology/Barbering [License Law](#) and [Rules and Regulations](#) are available at dpr.delaware.gov.

What Happens After You Apply

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of the items above no later than 4:30 PM ten full working days before the Board's meeting date. The Board meets on the last Monday of each month at 9:00 a.m. except for August and December. See [online meeting calendar and agendas](#).

Following the meeting, you will be notified in writing of the Board's decision. If approved, the license will be enclosed. **No inspection of the premises takes place before the shop/salon opens.**



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APPLICATION FOR REGISTRATION OF SHOP OR SALON

TYPE OF APPLICATION

1. Check the item that describes why you are filing this application (check one):

- New Shop/Salon** – I am opening a *new* shop or salon.
- Change of Ownership** – The ownership of an *existing* shop/salon has changed.
 - Name of salon/shop as it appears on the *current* license: _____
 - Professional license number from *current* license: **M9-** _____

If approved, a new license number will be issued.

- Change of Name** – The *existing* shop/salon name has changed.
 - Name of salon/shop as it appears on the *current* license: _____
 - Professional license number from *current* license: **M9-** _____

If approved, a new license number will be issued.

- Relocation** – An *existing* shop/salon has relocated *but the ownership has not changed*. The Board must approve this application **before** the new location opens.
 - Name of salon/shop as it appears on the *current* license: _____
 - Professional license number from *current* license: **M9-** _____
 - Anticipated date of shop opening: _____

If approved, the existing license number will be transferred to the new location.

CONTACT AND LOCATION INFORMATION

2. Business Name: _____

3. Address of *Physical Location* of Shop/Salon: _____
Street (no PO Box)
_____ DE _____
City Zip

4. Phone: _____ Email: None
daytime evening or cell

5. *Mailing Address* (if different): _____
Street
_____ City State Zip

6. Does the town/city where the shop/salon is located require a business license? **Yes** **No**

Submit a copy of the shop's Delaware Division of Revenue Business License and business licenses from the city of Wilmington, Dover, Rehoboth Beach or other municipality that requires a town/city business license.

7. Does this shop/salon location comply with the [Sanitation Regulations](#) of the Division of Public Health? **Yes** **No**

Submit a detailed floor plan on 8 ½" x 11" paper or blueprints.

OWNERSHIP AND MANAGEMENT INFORMATION

8. Owner Name(s): _____

9. Owner Mailing Address: _____
Street

City State Zip

10. Name of *Professional in Charge* of Shop/Salon: _____

11. Delaware Professional License Number of Professional-in-Charge: _____ - _____

12. Professional-in-Charge Address: _____
Street

City State Zip

13. Professional-in-Charge Phone: _____ Email: _____

Submit completed, signed and notarized [Statement of Shop/Salon Professional-in-Charge](#).

SERVICES PROVIDED AND PERSONNEL PROVIDING SERVICES

14. Check ***all*** services to be provided by this shop/salon. List the name and Delaware license number of one person who will provide each service.

SERVICE	NAME	PROFESSIONAL LICENSE
Cosmetology	_____	M ____ - _____
Nail Technology	_____	M ____ - _____
Aesthetics	_____	M ____ - _____
Electrology	_____	M ____ - _____
Barbering	_____	D ____ - _____
Massage	_____	M ____ - _____

15. Do *all* persons who provide cosmetology, barbering, aesthetics, electrology and nail technology services at this location hold the appropriate Delaware professional license? **Yes** **No**

The Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license.

Continued on next page

AFFIDAVIT

I certify that the information I give in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Applicant Signature: _____ Date: _____

State of _____ County or City _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _day of _____, 2_____

Signature of Notary Public: _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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STATEMENT OF SHOP/SALON PROFESSIONAL-IN-CHARGE

INSTRUCTIONS

When to Complete

Complete this form when...

- applying for a Delaware license for a shop/salon, including a mobile shop/salon, **or**
- reporting a change in the Professional-in-Charge of a Delaware-licensed shop/salon or mobile shop/salon.

Professional-in-Charge Requirements

The Professional-in-Charge of a Delaware-licensed shop/salon:

- is responsible for all operations of the shop/salon, including ensuring that all employees are licensed when required by law
- must hold a current Delaware license
- may serve as the Professional-in-Charge for only one shop/salon at a time.

When the Professional-in-Charge of a shop/salon changes...

- **The outgoing (former) Professional-in-Charge must notify the Board in writing within 10 days of termination as the Professional-in-Charge.**
- **The incoming (new) Professional-in-Charge must sign the PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT on this form.**

SHOP/SALON INFORMATION

1. Name of Shop/Salon: _____
Enter name as it appears on license or on application for license.

2. **Shop/Salon Location Address:** _____
Street (No PO Boxes)

City State Zip

3. Why are you submitting this form? Check one:

In connection with an application for a *new Delaware license* for the shop/salon above. Skip to Question 5.

To report a change in the professional-in-charge for the *Delaware-licensed shop/salon* above. Enter Shop/Salon Delaware License No: M ____ - _____. Continue to next question.

PROFESSIONAL-IN-CHARGE INFORMATION

4. Enter the following information about the **outgoing (former)** Professional-in-Charge:

Full Name: _____

DE license number: ____ - _____

5. Enter the following information about the **incoming (new)** Professional -in-Charge:

Full Name: _____

When does (did) this person become the Professional-in-Charge? _____

Is this person licensed in Delaware? Yes No If yes, enter DE license number: ____ - _____

The Professional-in-Charge must complete and sign the ACKNOWLEDGMENT OF PROFESSIONAL-IN-CHARGE section below. The acknowledgment must be notarized.

PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT

1. Do you understand that you are responsible for conducting and managing the shop/salon named above in compliance with all applicable state and federal laws, including ensuring that all employees are licensed when required by law? Yes No
2. Have you read and understood that you can be a Professional-in-Charge for only one shop at any given time ([24 Del. C. § 5118](#))? Yes No
3. Do you agree to notify the Board of Cosmetology & Barbering in writing within 10 days of your termination as professional-in-charge? Yes No

Professional-in-Charge Signature: _____ Date: _____

Your Email: _____

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this _____ day of _____, 2_____

SEAL

Signature of Notary Public: _____

My Commission expires: _____

Mail this form to: Board of Cosmetology/Barbering
861 Silver Lake Blvd., Suite 203
Dover DE 19904-2467