



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

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

When to File an Application

1. 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 an 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 **moving** to another location.
2. In addition to the professional license, you are required to obtain a **business license from the Division of Revenue** for each salon or shop you operate. To apply, visit revenue.delaware.gov or call the office for your area:
Wilmington (302) 577-5800 Georgetown (302) 856-5358 Dover (302) 739-5251
3. You may be required to obtain a town/city business license for a shop or salon operating in its jurisdiction. Contact the town or city for more information.

Requirements for All Applications

Submit:

- completed, signed and notarized application form.
- processing fee by check or money order made payable to "State of Delaware." See Fee Schedule at dpr.delaware.gov - click on *Cosmetology* and then on *Fee Schedule*. Applications received without the required fee will be rejected.
- detailed floorplan on 8 ½" x 11" paper or blueprints. See Example provided at dpr.delaware.gov - click on *Cosmetology* and then on *Forms*.
- copy of Delaware Division of Revenue business license. A temporary business license is not acceptable.
- copy of business license issued by city of Wilmington, Dover, Rehoboth Beach or any other municipality that requires a town/city business license
- copy of current Delaware Cosmetology/Barbering license for each person listed in Question 15 on the application

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 *Standards for Public Health Assurances in the Practice of Cosmetology and Barbering*. This document is available at dpr.delaware.gov. Click on *Cosmetology* and then on *Standards for Public Health*.

The law and Rules and Regulations for Cosmetology/Barbering are available at dpr.delaware.gov.

What Happens After You File

To assure 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 to review applications on the last Monday of each month except May, July, August and December.

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 (check one):

- This is an initial application for a *new* shop or salon.
- This is a new application for an *existing* shop/salon due to *change of ownership*. If approved, a new license number will be issued.
 - Name of salon/shop as it appears on the current license: _____
 - Professional license number from current license: M9- _____
- This is a new application for an *existing* shop/salon due to *relocation but no change in ownership*. The Board must approve this application before the new location opens. If approved, the existing license number will be transferred to the new location.
 - Name of salon/shop as it appears on the current license: _____
 - Professional license number from current license: M9- _____
 - Anticipated date of shop opening: _____

CONTACT AND LOCATION INFORMATION

1. Business Name: _____
2. Address of *Physical Location* of Shop/Salon: _____
 _____ Street
 _____ City _____ DE _____ Zip
3. Phone: _____ Fax: _____
4. Email: _____
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 any other municipality that requires a town/city business license.

7. Does this shop/salon location comply with the *Standards for Public Health Assurances in the Practice of Cosmetology and Barbering* issued by the Division of Public Health? Yes No (This document is available at the Board of Cosmetology/Barbering website on dpr.delaware.gov.)

Submit a detailed floor plan on 8 1/2" x 11" paper or blueprints.

OWNERSHIP AND MANAGEMENT INFORMATION

8. Owner Name(s): _____

9. Owner Address: _____
Street

_____ City _____ State _____ Zip

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

11. License Number of Professional-in-Charge: **M** _____

12. Professional-in-Charge Address: _____
Street

_____ City _____ State _____ Zip

13. Professional-in-Charge Phone: _____

14. Professional-in-Charge Email: _____

SERVICES PROVIDED AND PERSONNEL PROVIDING SERVICES

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

SERVICE	NAME	PROFESSIONAL LICENSE
<input type="checkbox"/> Cosmetology	_____	M _____
<input type="checkbox"/> Nail Technology	_____	M _____
<input type="checkbox"/> Aesthetics	_____	M _____
<input type="checkbox"/> Electrology	_____	M _____
<input type="checkbox"/> Barbering	_____	M _____
<input type="checkbox"/> Massage	_____	M _____

Submit a copy of the professional license of each person listed above.

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

To assure consideration of your license application at the next Board meeting, 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 six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

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 of _____

_____ 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 _____, _____.

My Commission expires: _____

Signature of Notary Public: _____

SEAL

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