



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](http://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](#).
- Enclose [processing fee](#) by check or money order made payable to "State of Delaware." See Fee Schedule at [dpr.delaware.gov](http://dpr.delaware.gov) - click on *Cosmetology* and then on *Fee Schedule*.
  - Applications received without the required fee will be rejected.
- Enclose detailed floorplan on 8 ½" x 11" paper or blueprints. See Example provided at [dpr.delaware.gov](http://dpr.delaware.gov): click on *Cosmetology* and then on *Forms*.
- Enclose copy of Delaware Division of Revenue business license.
- Enclose copy of business license issued by city of Wilmington, Dover, Rehoboth Beach or any other municipality that requires a town/city business license
- Enclose 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](http://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](http://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. The [meeting calendar and agendas](#) are available online.

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](http://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.

<b>SERVICE</b>	<b>NAME</b>	<b>PROFESSIONAL LICENSE</b>
<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**

**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.**

**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 \_\_\_\_\_, \_\_\_\_\_.

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.***