

ESTABLISHMENT REGISTRATION APPLICATION

Note: All sections of the application must be **completed** and all supporting documentation must be submitted. If application sections are incomplete and all supporting documentation is not included, **the Board office will notify the applicant in writing; resulting in processing delays. Please allow up to thirty (30) days for processing your application including inspection.** Please **type** or **print** on your application.

Frequently Asked Questions:

- **How can I contact the Board office with questions?** Telephone number: 573-751-1052 or 866-762-9432
- **What are the Board office hours of operation?** 8:00 AM to 5:00 PM Monday-Friday (Office closed on State Holidays)
- **Do I complete the establishment registration application even if I am a rental station/independent contractor?** Yes. You will need to complete the application in full and submit all supporting documentation to obtain rental license.
- **When should I expect my inspector to conduct the inspection?** Please allow up to 30 days for inspection upon receipt of the **completed** establishment registration application and supporting documentation.
- **Where can I get a checklist of what the inspector will be looking for?** Please refer to the *New Establishment Inspection Checklist* as a guide. This is only a checklist providing helpful information for your convenience; please reference the Board statutes and regulations at: <http://pr.mo.gov/cosbar-rules-statutes.asp>
- **What do I need to do if I am changing locations?** If there is a change in location and/or ownership of the current location, you must reapply for a new establishment license. The establishment license issued is only valid for the current location and current establishment owner(s). Pursuant to 20 CSR 2085-10.020 (2) "If at any time during the license period the establishment location, name, and/or ownership changes, the owner(s) of the establishment shall submit an application for a new establishment license to the board within forty-five (45) days after the ownership or location change and the applicable change of location and/or ownership fee. The original license of the establishment shall become void as to the new location and/or new owners upon expiration of the forty-five (45)-day period and shall be returned to the board. No barber or cosmetology services shall be performed or offered to be performed under the new ownership or at the new location after the forty-five (45)-day period expires until the establishment is issued a license by the board for the new owners and/or new location."

Please Note: This information is not designed to include all information on statutes and regulations; it is strongly recommended that you review applicable statutes and regulations at <http://pr.mo.gov/cosbar-rules-statutes.asp>. Pursuant to 20 CSR 2085-10.010 (C) "No establishment shall open in Missouri until the board receives a completed application, on a form supplied by the board, the biennial establishment fee is paid, the establishment passes a board inspection, and the application is approved by the board. If an establishment opens for business before the board issues the original establishment license, a delinquent fee shall be assessed in addition to all other required licensure fees, and the board may take legal action pursuant to Chapter 328 and/or 329, RSMo."



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
NEW ESTABLISHMENT INSPECTION CHECKLIST

BOARD OF COSMETOLOGY AND
BARBER EXAMINERS
P.O. BOX 1062
JEFFERSON CITY, MISSOURI 65102
(573) 751-1052
OR 1-866-762-9432

(Section 329.045, Section 328.115 and 20 CSR 2085-10.010)

- 1. Is the accurate physical location registered?
- 2. Is the accurate owner(s) name(s) registered?
- 3. Is the establishment licensed for the appropriate number of operators? (Cosmetology Only)
- 4. Are operator licenses posted (with photo) in public view?
- 5. Are posted operator licenses current?
- 6. Do all individuals performing services have a current operator license in Missouri?
- 7. Is the Employee Reporting Form completed? (if applicable)

(20 CSR 2085-11.010 and 20 CSR 2085-11.020)

- 8. Is there Environmental Protection Agency (EPA) registered disinfectant available?
- 9. Is the EPA registered disinfectant deep enough to immerse clean implements?
- 10. Is the solution an EPA registered disinfectant and is fungicidal, bactericidal, virucidal active?
- 11. Is there a closed container for disinfected implements?
- 12. Are the clippers disinfected after each use?
- 13. Are the implements and instruments cleansed after each use?
- 14. Is the "prohibited practices" flyer posted in public view? (Cosmetology Only)
- 15. Are there sanitation rules posted in public view? (Barber Only)
- 16. Are the shampoo bowls and/or sinks clean?
- 17. Are the floors, walls, ceilings, equipment and contents clean and in good repair?
- 18. Are the backbars, work-stations and/or rollabouts clean?
- 19. Are the receptacles used for hair and nail clippings covered?
- 20. Is the floor free of accumulated hair and nail clippings?
- 21. Does the establishment have liquid or spray styptic/antiseptic and bandages available?
- 22. Is there hot and cold running water?
- 23. Is the restroom in or adjacent to the establishment sanitary?
- 24. Are there individual towels and soap (liquid or powder) available in the restroom?
- 25. Is there a sink available in the establishment?
- 26. Is there (1) shampoo bowl for every (3) barber chairs? (Barber Only)
- 27. Are clean towels in a closed cabinet or drawer?
- 28. Is there a closeable leak-proof container available for soiled towels?
- 29. Are there clean towels on each of the facial beds and/or each of the manicuring tables when in use? (Cosmetology Only)
- 30. Is there Environmental Protection Agency (EPA) registered disinfectant available for manicuring/pedicuring implements? (Cosmetology Only)
- 31. Are the drawers clean and free of un-disinfected implements?
- 32. Is there sufficient ventilation to dispel odors? (Cosmetology Only)
- 33. Is the establishment free of credo blades or similar type instruments? (Cosmetology Only)

Pursuant to 20 CSR 2085-10.010(1)(C) "...If an establishment opens for business before the board issues the original establishment license, a delinquent fee shall be assessed in addition to all other required licensure fees, and the board may take legal action pursuant to Chapter 328 and/or 329, RSMo."

SECTION C

Hours of Operation	Open	Closed
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please list all operators providing services under the full service establishment license and renters affiliated with your establishment.

Pursuant to 20 CSR 2085 10.050 (1) “The minimum biennial fee for a cosmetology establishment shall license the establishment for up to three (3) operators, including apprentices, students with temporary permits, or both. An additional fee is required for each additional operator working in the establishment. If at any time during the license period the number of operators working in the establishment exceeds the number of operators for which the establishment is licensed, it is the responsibility of the holder(s) of the establishment license to submit written notification to the board along with the fee for each additional operator.”

Name	License #	Indicate Booth Renter (R) or Operator working under establishment license (O)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		

IF MORE SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET USING SAME INFORMATION FORMAT.

SECTION D

- 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No
- 2. If yes, would you like to receive information and assistance regarding veterans benefits and services? Yes No
- 3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? Yes No

General information may also be found at the Missouri Veterans Commission's website.

FLOOR PLAN OF ESTABLISHMENT

Please provide a detailed floor plan of your establishment. Label the location of your work station (booth rental only) and the restroom.

Note: Please do not submit photographs of the establishment in place of the floor plan as these will not be accepted.

SECTION E: APPLICATION ATTACHMENTS

Failure to provide any of the requested information will result in the application delayed in processing.

All fees are non-refundable.

Check this box if you are applying for a mobile establishment (self-contained facility that may be moved, towed or transported from one location to another). IF checked the following additional documents need to be submitted with this application.

- Business plan.
- Global position satellite tracking, monthly itinerary, or similar documentation regarding location(s).

_____ Completed and signed application with the required **Application and Appropriate License Fee**. (please check one below)

FULL SERVICE

OR

RENTAL STATION

- Full Service Establishment \$100
- Full service change of location \$100
- Full service adding a Co-Owner \$50
- Full service change of ownership \$100

- Cosmetology Rental Station/Independent Contractors \$100
- Change of Location Rental Station/Independent Contractor \$50
- Barber Chair/Individual Space Renter \$100
- Change of Location Barber Chair/Individual Space Renter \$50

_____ Attach a copy of the lease/contract. (Master-showing ownership of the business, Rental-agreement between owner and booth renter. **(All signatures are required)**)

If you do not have a lease agreement, rental contract or you are the owner of the property please check here

_____ Attach a copy of your **CURRENT** city business license or occupational license. This license needs to be obtained from the City where your establishment is located. The city business license address **MUST MATCH** the physical address provided on the application.

_____ Attach a copy of the Fictitious Name Statement. The Fictitious Name Statement **MUST MATCH** the **ESTABLISHMENT NAME and Address** listed on the application. The Registration of Fictitious name application may be obtained from the Missouri Secretary of State at: (573) 751-4153 or website at www.sos.mo.gov

_____ Completed and signed Request for Cancellation of an Establishment License form (if applicable.)

SECTION F: CERTIFICATION

I/We certify under penalty of perjury under the laws of the State of Missouri that the information provided on this application is true and correct to the best of my/our knowledge and that the establishment will meet all the requirements set forth by the Board of Cosmetology and Barber Examiners.

WHO MUST SIGN THIS FORM:

IF INDIVIDUAL OWNER: Applicant/Owner

IF A PARTNERSHIP: All Authorized Parties (Owner & Co-Owners)

IF A CORPORATION: The President, Treasurer, or Member(s)

SIGNATURE	PRINT NAME	DATE
SIGNATURE	PRINT NAME	DATE
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