

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Cosmetology**  
**Application for Salon Licensure**  
**Form # DBPR COSMO 6**

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

APPLICATION	APPLICATION REQUIREMENTS
<b>Application for Salon Licensure</b>	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Pay \$95 fee (make check payable to the Department of Business and Professional Regulation).

**Please mail your completed application, documentation and required fee(s) to:**  
 Department of Business and Professional Regulation  
 2601 Blair Stone Road  
 Tallahassee, FL 32399-0783

**Instructions**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

**Application Instructions (by section)**

**a. Section I**

- i. Please select the salon type you are applying to license.
- ii. Please select the transaction type.

**b. Section II**

- i. Fill out each section completely.
- ii. Sole proprietorship/individual ownership may not be required to obtain a Federal Employer ID Number.
- iii. Indicate the salon business type.
- iv. If the salon is a business type other than sole proprietorship, indicate the ownership name.
- v. Business ownership: Provide the name, Social Security number, address, and the percentage of ownership for all persons holding greater than or equal to a ten percent ownership interest in the business. [Fla. Stat. § 559.79](#).
- vi. If the salon will be owned by a corporation, each Officer, Director, Chief Executive or other person who is able to directly or indirectly control the operation of the salon must provide their name, title, Social Security number, and an address. [Fla. Stat. § 559.79](#).

**c. Section III**

- i. Answer whether or not the proposed salon meets the applicable requirements established by Rules 61G5-20.002 and 20.010, Florida Administrative Code.
- ii. Answer the question regarding any prior discipline.
- iii. For mobile salons, include a description of the motor vehicle and its identification number.

**d. Section IV**

- i. Please read and sign the affirmation by written declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

**General Information****Salon Operation**

- i. A license must be issued and available for posting before the salon can open for business.
- ii. A new salon application must be submitted for a change of location, name or ownership. Any of these changes void the previous license.
- iii. All salons will be inspected, with the exception of flea market salons, after the license has been issued. Flea market salons must be inspected before a license can be issued.
- iv. Fee: \$95 (make check payable to the Department of Business and Professional Regulation).

**Salon Requirements – for a complete list of safety and sanitary requirements please refer to Rule 61G5-20.002, Florida Administrative Code.**

<b>GENERAL SALON SAFETY AND SANITARY REQUIREMENTS</b>
<p>All salons must have the following:</p> <ol style="list-style-type: none"> <li>1. Adequate ventilation.</li> <li>2. Closed container for depositing hair.</li> <li>3.               <ol style="list-style-type: none"> <li>a. Shampoo bowls with:                   <ul style="list-style-type: none"> <li>• Hot and cold running water.</li> </ul> </li> <li>b. Sink or lavatory with:                   <ul style="list-style-type: none"> <li>• Hot and cold running water.</li> </ul> </li> </ol> </li> <li>4. A closed container or cabinet for clean/disinfected articles.</li> <li>5. A closed dustproof linen cabinet.</li> <li>6. A closed receptacle in the cosmetology services area for soiled linens <b>OR</b> an open receptacle in an area separated from the public.</li> <li>7. Containers for waving lotions and other types of such preparations.</li> <li>8. Wet sanitizers.</li> <li>9. Toilet and lavatory facilities:               <ol style="list-style-type: none"> <li>a. On the premises, in the same building, and within 300 feet of the salon.</li> <li>b. Facilities must have the following:                   <ol style="list-style-type: none"> <li>1. Toilet tissue.</li> <li>2. Soap dispenser with soap or other hand cleaning material.</li> <li>3. Sanitary towels or other hand-drying device.</li> <li>4. Waste receptacle.</li> </ol> </li> </ol> </li> <li>10. If nail services are provided on site, a separate well-ventilated area for extending and sculpting nail services is required.</li> <li>11. <b>Residential Salons</b> –               <ol style="list-style-type: none"> <li>a. Salon is separated from the living quarters by permanent wall construction.</li> <li>b. Entrance to the salon is separate from the entrance to the living quarters of the residence.</li> <li>c. Toilet and lavatory facilities' entrance for the salon are separate from that of the living quarters.</li> </ol> </li> <li>12. <b>Mobile Salons</b> –               <ol style="list-style-type: none"> <li>a. Self-contained, flush chemical toilet with holding tank.</li> <li>a. Clean water storage capacity of at least 35 gallons.</li> <li>b. Waste water storage capacity equal to or greater than clean water storage capacity.</li> </ol> </li> </ol>

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Cosmetology**  
**Application for Salon Licensure**  
**Form # DBPR COSMO 6**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.  
**For additional information see the Instructions at the beginning of this application.**

**Section I – Salon Type and Transaction Type**

CHECK ONE OF THE SALON TYPES		
<input type="checkbox"/> Commercial/Residence Salon [0502/1030]	<input type="checkbox"/> Flea Market Salon [0502/1031]	<input type="checkbox"/> Mobile Salon [0503/1030]
CHECK ONE OF THE TRANSACTION TYPES		
<input type="checkbox"/> Initial Salon	<input type="checkbox"/> Location Change	<input type="checkbox"/> Ownership Change

**Section II – Salon/Owner Information**

SALON INFORMATION			
Name of Salon:		Federal Employer ID Number:	
MAILING ADDRESS (License will be mailed to this address.)			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
CONTACT INFORMATION			
Contact Name:			
Primary Phone Number		Primary E-Mail Address	
BUSINESS LOCATION ADDRESS (Actual address of salon.)			
Street Address			
City		State	Zip Code
County (if Florida address)		Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			

**Section II – Salon/Owner Information – continued**

<b>SALON BUSINESS TYPE</b>			
Business Type:( <b>Select ONE only</b> ) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation or LLC <input type="checkbox"/> Partnership			
If other than a Sole Proprietor, provide the Corporation, LLC or Partnership Name(s) below:			
<b>BUSINESS OWNERSHIP</b>			
<b>Please list all persons with ownership greater than or equal to 10%.</b>			
Name	Social Security Number*	Address	% Ownership
1.			
2.			
3.			
4.			
5.			
<b>CORPORATIONS OR LLCs ONLY</b>			
<b>Please provide the following information for each Officer, Director, Chief Executive or other person who is able to directly or indirectly control the operation of the salon.</b>			
Officer's Name	Title	Social Security Number*	Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

\* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

**Section III – Salon Information**

SALON REQUIREMENTS	
<b>Cosmetology and Specialty Salons:</b> Does the salon meet all of the safety and sanitary requirements established in Rule 61G5-20.002 of the Florida Administrative Code?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Mobile Salon:</b> Does the mobile salon meet all of the applicable safety and sanitary requirements in Rule 61G5-20.002 of the Florida Administrative Code, and meet all of the operational requirements for mobile salons established in Rule 61G5-20.010 of the Florida Administrative Code?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>**BARBERS MAY NOT WORK IN A SALON UNLESS A COSMETOLOGIST IS ALSO EMPLOYED BY THE SALON.</b>	
Has the owner of the proposed salon ever held a salon license in Florida that has been revoked, suspended, fined, placed on probation, or otherwise been acted against?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide the following information:	
Previous Salon License Number:	Date Salon Closed:
Previous Salon Name:	
Previous Salon Address:	
_____	
MOBILE SALONS ONLY	
Vehicle Type:	
<input type="checkbox"/> Motor Vehicle <span style="margin-left: 200px;"><input type="checkbox"/> Other Mobile Type (e.g. travel trailer)</span>	
Description of Mobile Salon:	
_____	
_____	
Vehicle Identification Number:	

**Section IV– Affirmation By Written Declaration**

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b>	
Signature:	Date:
Print Name:	