



APPLICATION FOR BEAUTY CULTURE SALON LICENSE

State Form 45243 (R12 / 2-17)

Approved by State Board of Accounts, 2017

STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS
PROFESSIONAL LICENSING AGENCY
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-3031
 E-mail: pla12@pla.in.gov
 www.pla.in.gov

- INSTRUCTIONS:**
1. The fee for this application is \$40.00, payable to the Indiana Professional Licensing Agency, in accordance with 820 IAC 7-1-1 or 820 IAC 8-5-1 if applying for a barber shop license.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.
 5. If you are applying for a mobile salon, do not use this application.
 6. Do not file this application until the facility is ready to open. A temporary permit that you print from our website will be issued upon receipt of a completed application. The salon must be ready for inspection upon filing this application.
 7. A change in ownership or location, including change in suite number, requires a new license.
 8. Sanitary requirements indicated in the State Board of Cosmetology and Barber Examiners rules must be posted in the facility.
 9. License must be posted at the salon entrance and be visible to the public.
 10. Cosmetologist, manicurist, esthetician, barber, and electrologist licenses must be posted at their work stations and be visible to the public.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

Date approved by board (month, day, year)	Issuance fee	Date fee paid (month, day, year)
Receipt number	License number issued	Date license issued (month, day, year)

DO NOT WRITE ABOVE THIS LINE

Have you owned a salon in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the following:
Name of salon	License number
Address of salon (number and street, suite number, city, state, and ZIP code)	

APPLICANT INFORMATION

Type of license (please check one)				
<input type="checkbox"/> Barber	<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Electrology
Name of salon			Federal Identification number	
Address of salon (number and street)		Suite / loft number	City	State IN
Address of salon (number and street)		ZIP code		
Name of owner(s) (indicate all owners)			Social Security number *	
Address of owner(s) (number and street, city, state, and ZIP code)				
Telephone number of salon ()		Telephone number for inspector to schedule inspection ()		E-mail address
Name of supervising licensee (required)			License number of supervisor (required)	
Location of salon <input type="checkbox"/> Business <input type="checkbox"/> Residential				
Is this salon connected in any way with residential living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, is the salon separated from the residence by a substantial floor to ceiling partition with a separate entry? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT INFORMATION (continued)

If the salon is owned by a corporation or partnership, list the name, title and address of the officers of the corporation or partners of the partnership.

NAME	TITLE	ADDRESS (number and street, city state, and ZIP code)

CERTIFICATION

I will operate establishment in compliance with the rules governing the sanitary requirements of salons as required by the State Board of Cosmetology and Barber Examiners, and ensure that all employees comply with all requirements. *(If salon is owned by a corporation or partnership, this application must be signed by an officer of the corporation or a partner of the partnership.)*

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

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| 1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you been denied a license, certificate, registration, or permit in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i> | |
| (1) have you ever been arrested; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you or any owner ever committed an act for which you could be disciplined under IC 25-8-14? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I certify that I personally completed this application and that the information appearing hereon is true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license or for disciplinary action against the license after issuance.

Signature of owner	Date (month, day, year)
Printed or typed name of owner	