

# Wisconsin Department of Safety and Professional Services

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### BARBERING ESTABLISHMENT APPLICATION

**IMPORTANT:** Submit this application at least 2 weeks but not more than 4 weeks prior to your opening date. Failure to meet the filing deadline could adversely affect the opening date.

USE TYPEWRITER OR PRINT IN INK

<b>1. APPLICATION FOR:</b> <input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Location <input type="checkbox"/> Chair/Booth Leasing <input type="checkbox"/> Change of Ownership		<b>2. ANTICIPATED OPENING DATE:</b>
<b>3. RESPONSIBLE LICENSEE</b> (print clearly): Name _____ Mgr Lic. # _____		
<b>4. PROPOSED ESTABLISHMENT NAME AND ADDRESS</b> (number, street, post office box, city, zip code) Name of Establishment _____ Address _____	<b>5. COUNTY</b>	
<b>6. OWNER'S NAME AND RESIDENCE ADDRESS</b> (number, street, city, zip code) (If a corporation, provide the name and address of registered agent. If chair/booth leasing, provide name of person renting this space. Do not list the person renting from.)	<b>7. COUNTY</b>	
<b>8. OWNER'S HOME TELEPHONE NUMBER</b> (    )	<b>For Receipting Use Only</b>	
<b>9. OWNER'S DAYTIME BUSINESS TELEPHONE NUMBER</b> (    )		
<b>10. IF, WITH THE OPENING OF THIS ESTABLISHMENT, you are closing a currently-licensed establishment, please indicate the name and license number for that location and the closing date.</b>		
APPLICATION FEE: Please make check payable to Department of Safety and Professional Services and attach to application.  \$ 75 Initial Credential Fee		

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## 11. STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer YES to any questions, give all details on a separate sheet.

YES      NO

- A. Has the establishment's owner or any of its officers ever been convicted of a felony committed while engaged in the practice of barbering in this or any other state, **OR** are felony charges or OWI charges currently pending? If YES, complete and attach Form #2252.
- B. Has the establishment's owner or any of its officers ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the profession and the credentialing agency.
- C. Has any licensing or other credentialing agency ever taken any disciplinary action against the establishment, the establishment's owner or any of its officers, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.
- D. Is disciplinary action pending against the establishment, the establishment's owner or any of its officers in any jurisdiction? If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.
- E. Have any lawsuits or claims ever been filed against establishment, the establishment's owner or any of its officers as a result of professional services? If YES, submit a copy of the claim or lawsuit and a copy of the final settlement or disposition.
- F. Does the establishment's owner or any of its officers currently hold, or have they in the past held, any credential or license issued by the Department of Safety and Professional Services or its Boards? If YES, what type of credential?

And if in another name, what name? \_\_\_\_\_

\*Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the Board is subject to sec. 111.321, 111.322, and 111.335, Stats. Licensing decisions will also take due note of sec. 454.145(2)(d), Stats., concerning "a felony committed while engaged in the practice of barbering or cosmetology, aesthetics, electrology or manicuring."

## 12. FLOOR PLAN OF PROPOSED ESTABLISHMENT

Draw a floor plan for your proposed establishment. You do not need to send a blueprint; a hand-drawing will suffice. Indicate on this floor plan the location of items (a) through (d). If this is a chair or booth leased area, you must draw the floor plan and indicate the location of your area. All floor plans must include the location of the following items:

- (a) Work Station(s)
- (b) Basin(s) which have hot and cold running water designed for the service to be provided.
- (c) Basin(s) constructed and available to permit licensees to wash their hands prior to serving each patron and following removal of gloves. (NOTE: Required for all establishment types.)
- (d) Area(s) used as a dispensary. (NOTE: Dispensary cannot be the toilet room.)

Failure to provide the floor plan will delay the processing of the application. **Each application including chair booth/lease must include a floor plan.**

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## 13. AFFIDAVIT OF THE MANAGER OF RECORD

(This statement must be signed by the manager of record for the full-service barbering establishment.)

I have agreed to be the full-time manager for this establishment and will be responsible for supervising and managing the operation of the establishment. I agree to be responsible for the daily operations of this establishment to ensure that the establishment is in compliance with statutes and rules.

I understand that "Full time" is defined by Wis. Admin. Code, BC 1.01(7), , to mean "Work which is performed for 30 hours per week or the maximum number of hours an establishment is open if the establishment is open less than 30 hours per week." I understand that I must physically be in this establishment for 30 hours per week and that I will be held accountable to the Department for all hours the establishment is open for business.

I am not currently a manager of record for any other barbering or cosmetology establishment.

\_\_\_\_\_  
Signature of Manager

Date: \_\_\_\_\_

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## 14. AFFIDAVIT OF APPLICANT

I hereby certify that the information provided in this application is true and that all areas of the establishment to be licensed are in good repair, and in clean, safe condition. I further certify that I have obtained authorization from local officials to open the establishment in this location.

As the owner and/or manager of this establishment, I have read and shall be responsible for compliance with Chapter 454, Stats., and Chapters BC 2, 3, and 4, Wis. Admin. Code.

I understand that pursuant to sec. 454.29(2)(a), Stats., the provisions of false information on this form are grounds for license revocation or other disciplinary action. I further understand that pursuant to sec. 454.29, Stats., I may be disciplined or subject to forfeiture for failure to comply with Chapter 454 and the administrative codes of the Department.

Signature(s) of Individual, Officer or Partner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Your establishment application **WILL NOT BE** processed unless you submit **ALL** of the following:

- \_\_\_\_\_ Establishment Application (Form #3017)
- \_\_\_\_\_ \$75.00 fee
- \_\_\_\_\_ Statement of Arrest or Conviction. If you have answered yes to Question 11 A-E , you must submit Form #2252 with the details and required documentation.
- \_\_\_\_\_ Floor Plan of Proposed Establishment (drawn in #12). The floor plan must include the location of the four items. You may use a separate sheet of paper for the floor plan.
- \_\_\_\_\_ Employer Identification Number (Form #2552) record either your FEIN or SSN
- \_\_\_\_\_ Compliance Inspection Report (Form #2471) You must check each line to show you have read and that you are in compliance with the regulation.

Use the above as a check list to make sure you have all required forms. If you are missing any of the above forms, you can print another copy from our website at [www.dsps.wi.gov](http://www.dsps.wi.gov) On our home page, click on Professions, then on Cosmetology Establishment, and finally on Applications/Forms.

## **IMPORTANT REMINDER**

**COMPLETE AND RETURN THE COMPLIANCE INSPECTION REPORT (FORM #2471)  
WITH YOUR ESTABLISHMENT APPLICATION.**

**WE WILL NOT BE ABLE TO PROCESS YOUR ESTABLISHMENT APPLICATION WITHOUT  
FORM #2471 COMPLETED IN ITS ENTIRETY.**