

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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FAX #: (608) 251-3036
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

COSMETOLOGY EXAMINING BOARD

INSTRUCTIONS FOR ESTABLISHMENT LICENSURE

REQUIREMENTS FOR LICENSURE

Building Requirements

We recommend that you first contact your local authorities (county, city, town, or village hall) regarding zoning, occupancy, plumbing, electrical, ventilation, or other building codes. There are no restrictions imposed by the Cosmetology Examining Board concerning size or layout of your establishment. When an establishment is located in the same building as a residence, the business and living quarters must be separate.

Chair or Booth Lease

An owner may lease a chair or booth to a licensed individual with a written lease agreement. Wis. Admin. Code requires a booth renter or lessee practicing cosmetology to hold an establishment license. The lessee of a chair or booth will be responsible to ensure that the leased chair or booth operates in compliance with Wis. Stat. ch. 454 and the rules of the Board.

If you are unsure if you are an employee or an independent contractor, please go to the following link for more information:
<https://dwd.wisconsin.gov/dwd/publications/ui/ucd-17430-p.pdf>.

Manager/Responsible Licensee

The owner of an establishment may not operate the establishment unless a manager has been employed full-time for the establishment. The manager must be a licensed cosmetologist. The owner of more than one establishment shall employ a sufficient number of managers to satisfy the requirement that a manager be present full-time in each establishment. The manager will be responsible for supervising and managing the daily operations of the establishment. The owner and the manager must ensure that the establishment operates in compliance with Wis. Stat. ch. 454 and the rules of the Board.

ALL APPLICANTS ARE REQUIRED TO SUBMIT THE FOLLOWING:

- Application for Licensure (Form #1397)**
- \$11.00 Initial Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services (DSPS) or you may pay by using a credit card payment form ([#3071](#)) to be sent in or faxed in along with the Form #1397, <https://dsps.wi.gov/Credentialing/General/fm3071.pdf>.
- Floor Plan of Proposed Establishment (drawn on Page 2)** - The floor plan must include the location of the five items listed as (a)-(e).

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COSMETOLOGY EXAMINING BOARD

APPLICATION FOR ESTABLISHMENT LICENSURE

IMPORTANT: Submit this application at least 8 to 12 weeks prior to your opening date. Failure to meet the filing deadline could adversely affect the opening date.

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Application Type:		
<input type="checkbox"/> New Establishment (location never licensed before) <input type="checkbox"/> Change of Location (owner previously had a licensed establishment at another location) <input type="checkbox"/> Chair/Booth Leasing (located within an existing licensed establishment) <input type="checkbox"/> Change of Ownership (establishment previously owned by another person or entity)		
Anticipated Opening Date:	Manager/Responsible Licensee:	License Number:
<input type="text"/> / <input type="text"/> / <input type="text"/>	Name: <input type="text"/>	<input type="text"/>
Proposed Name of Establishment		
<input type="text"/>		
Proposed Address of Establishment (street, city, state, zip)		
<input type="text"/>		
Social Security Number	Federal Employer Identification Number	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>	
Email Address		
<input type="text"/>		
Owner's Name (If owner is a corporation, list name, and address of registered agent. If leasing the chair/booth, provide name of the person renting this space. Do not list the person you are renting from.)	Owner's Home Phone Number	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Owner's Residence Address (street, city, state, zip)	Owner's Business Daytime Phone Number	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Identify the establishment that is relocating, closing, or changing ownership, if applicable.		
Name of Establishment	WI License Number	Proposed Close Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

\$11.00 Initial Credential Fee (for each Establishment)

- Cosmetology (Full Service)
- Aesthetics Only
- Electrology Only
- Manicuring Only

For Receipting Use Only (80/69/70/71)

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Has the establishment's owner or any of its officers ever surrendered, resigned, canceled, 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 agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the establishment's owner or any of its officers ever been convicted of a felony committed <i>while engaged in the practice of barbering or cosmetology</i> ? If yes, submit Barbering and Cosmetology Convictions (Form #2253).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has the establishment's owner or any of its officers ever been convicted of a felony, misdemeanor, or other violation of federal, state, or local law involving the use of alcohol or other drugs? If yes, submit Barbering and Cosmetology Convictions (Form #2253).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the establishment's owner or any of its officers incarcerated, on probation, or on parole for any felony conviction committed <i>while engaged in the practice of barbering or cosmetology</i> OR <i>involving the use of alcohol or other drugs</i> ? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is the establishment's owner or any of its officers registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has the establishment's owner or any of its officers ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 (e). 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 for supplies, storage or as a dispensary. **Note: Storage / Supplies / Dispensary cannot be the toilet room.**
- (e) **Toilet room(s) nearest to work station(s).**

Failure to provide the floor plan will delay the processing of the application. **Each application, including chair booth/lease, must include a floor plan.** You may use a separate sheet of paper for the floor plan.

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CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF THE MANAGER/RESPONSIBLE LICENSEE OF RECORD (This statement must be signed for the full-service 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 the establishment is in compliance with statutes and rules.

I understand that "full-time" is defined by Wis. Admin. Code § COS 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 I will be held accountable to the Board for all hours the establishment is open for business.

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

Signature of Manager/Responsible Licensee of Record: _____

Date: / /

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Owner, Officer, or Partner: _____

Date: / /