

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main St., Suite 220
Boise, Idaho 83702-5642
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APPLICATION FOR CONTIGUOUS ESTABLISHMENT LICENSE

Name of Contiguous Establishment _____

Shop Location Address _____
street city state zip

Shop Mailing Address _____
street city state zip

Shop Phone Number _____ Home Phone Number _____

Name of Contiguous Shop Owner(s) _____

I hereby make application for a Barber Shop (\$50.00 fee enclosed) license that will expire on either June 30 of the year in which it is issued, or a Cosmetology Shop (\$50.00 fee – see NOTE on page 2) license that will expire on December 31. Licenses are not be prorated for partial years.

Anticipated opening date _____

(The appropriate shop license must be in your possession & conspicuously posted in the shop before offering services.)

Has this area been previously licensed as a Contiguous establishment? YES NO

If YES, give business name _____, establishment license # _____, and owner's name _____

If YES & the license is current, that license (marked "out of business" & signed by the previous owner), or a written statement from the previous owner surrendering ownership, must be submitted with this application,

Does this application represent a change in location of your establishment? YES NO

If YES, give business name _____, establishment license # _____, and former establishment address _____

I hereby certify that the above named establishment meets the licensure requirements as outlined by Idaho Laws & Rules including: a working floor space of not less than 50 square feet for each station; a minimum three (3) foot wide access into the contiguous shop area; access to toilet facilities, including sink with hot & cold running water, conveniently located & accessible from within the building where the establishment is located; and access to hot & cold running water & approved drainage system separate from the toilet facilities.

I further certify that the information recorded hereon is correct to the best of my knowledge and belief.

I further certify that I agree to assume all responsibility for the ownership and current licensure of this Contiguous establishment.

Signature of owner(s) or authorized agent(s)

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
residing at _____
my commission expires _____

PRIMARY ESTABLISHMENT INFORMATION

Name of Primary Establishment _____

Shop Location Address _____
street city state zip

Shop Mailing Address _____
street city state zip

Shop Phone Number _____ Home Phone Number _____

Name of Primary Shop Owner(s) _____

(Please check the appropriate box below and insert the establishment license number)

Primary Barber Shop - license # BS-_____

Primary Cosmetology Shop - license # CS-_____

I hereby certify that the above named Primary establishment is currently licensed by the undersigned and meets the licensure requirements as outlined by Idaho Laws & Rules including: a working floor space of not less than 108 square feet for a single station shop & an additional 50 square feet for each additional station or Contiguous shop; a minimum three (3) foot wide access into all Contiguous shop areas; toilet facilities, including sink with hot & cold running water, conveniently located & accessible from the Primary area & within the building where the Primary establishment is located; and hot & cold running water & approved drainage system separate from the toilet facilities & available to any Contiguous shop not containing said facilities within their licensed area. I further certify that I authorize the person named, and whose signature appears on the reverse side of this application, to apply for licensure of and to operate a licensed Contiguous shop within the above named Primary shop.

I further certify that I am familiar with the city/county planning & zoning regulations affecting the shop listed above and that I assume all responsibility for their compliance.

I further certify that the information recorded hereon is correct to the best of my knowledge and belief.

Signature of owner(s) or authorized agent(s)

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
residing at _____
my commission expires _____

DIAGRAM INSTRUCTIONS

This application must include an accurate and detailed floor plan of the entire Primary & Contiguous shop area on a separate sheet of eight and one-half inch by eleven inch white paper. **The floor plan must include: all inside dimensions, total square footage, location of all stations, water sources, restrooms, access areas, and entrances.** If the establishment is located within a multi-tenet building or a private residence, please include a drawing of the complete building or residence showing all surrounding or adjacent rooms and the exact location of the shop area within the building or residence. The floor plan must include the exact measurements of the Contiguous area to be licensed.

Primary owner note: Clearly designate, by color highlighting, the Contiguous shop area to be licensed. In a different color, also designate all other currently licensed Contiguous shop areas.

THE APPLICATION WILL NOT BE PROCESSED IF IT IS NOT COMPLETE. THE COMPLETED APPLICATION MUST BE SUBMITTED WITH THE REQUIRED FLOOR PLAN.

NOTE: The Cosmetology Board has waived the application fee for those Contiguous establishments that change location (station) WITHIN THE SAME PRIMARY ESTABLISHMENT. Contiguous owners must continue to file the Contiguous Establishment License Application for such changes prior to such a move. Contiguous establishments that move from one Primary establishment to another Primary establishment are required to submit both the application and the required fee. (This NOTE does not apply to applicants for Barber establishment licenses.)