

Oregon Health Licensing Agency Board of Cosmetology



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FACILITY LICENSE APPLICATION

INDICATE TYPE OF FACILITY: Sole Proprietorship Partnership Corporation/LLC

1. Applicant Information

FACILITY NAME (As filed with the Secretary of State (SOS) Corporation Division)	REGISTRY NUMBER (Provided by SOS Corp. Div.)
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FACILITY ADDRESS (location)

CITY	STATE	ZIP
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FACILITY MAILING ADDRESS

CITY	STATE	ZIP
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HOME TELEPHONE	BUSINESS TELEPHONE	EMAIL ADDRESS
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OWNER:	BIRTHDATE	OWNER - SOCIAL SECURITY# or SOS CORP. DIV. REGISTRY #
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CO-OWNER	BIRTHDATE	CO-OWNER - SOCIAL SECURITY#
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REGISTERED AGENT	REGISTERED AGENT TELEPHONE
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REGISTERED AGENT ADDRESS	STATE	ZIP CODE
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Are you closing a previous facility? YES NO If yes, please list previous facility license number:
Do you hold or have you previously held licensure, certification or registration with the Agency? YES NO (if yes list below)

COS-HA-	COS-FT-	COS-NT-	COS-BA-
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Do Not Fax Credit Card Information

Method of Payment: Cash Check Money Order Purchase Order

Payment by Credit Card: Visa MasterCard Discover

NAME ON CARD	LAST	FIRST	MIDDLE INITIAL
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CREDIT CARD NUMBER :	EXPIRATION DATE:	AUTHORIZED AMOUNT:																				
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CARD HOLDER SIGNATURE:

DO NOT WRITE IN THIS SECTION – OFFICIAL USE ONLY

#: COS-FA-_____ Method of Payment: Visa MasterCard Discover Cash Check M.O. P.O.
INITIALS ___ OTC VERIFIED ID APPROVAL CODE/CK#: _____

▶▶▶▶▶ Complete the reverse side of application ▶▶▶▶▶

2. Individual Records Questions

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a certificate, license, permit or registration imposed by any licensing or regulatory authority in this or any other state? (Disciplinary action includes, but is not limited to, probation, civil penalties, limiting in any way, of a license, certificate, registration or permit.)

NO YES If yes, please explain:

● Have you ever been convicted of a misdemeanor or felony?

NO YES If yes, please explain:

● List the name(s) and Certificate number(s) of *practitioners who are currently an EMPLOYEE at your facility. Practitioners must sign or the information will not be updated in the agency's database.*

NAME	PRACITIONER CERTIFICATE #	SIGNATURE

● List the name(s) and certificate number(s) of practitioners who currently lease a station in your facility and hold an INDEPENDENT CONTRACTOR registration. **Independent Contractors must sign or the information will not be updated in the agency's database.**

NAME	REGISTRATION #	SIGNATURE

As part of your application for initial or renewed occupational, professional or recreational license, certification, or registration issued by the Oregon Health Licensing Agency, you are required to provide your Social Security number to the Oregon Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security number is used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security number appears on the face of the licenses, certificates, or registrations issued by the Oregon Health Licensing Agency, your Social Security number will remain on file with the Oregon Health Licensing Agency. I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of certification. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Oregon Health Licensing Agency.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of certification. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Oregon Health Licensing Agency. This information may be used by OHLA to conduct a criminal history check, a background investigation, fingerprinting and to document your qualifications in accordance with OAR 331-030-0005.

If you're operating a non profit facility, please contact the agency.

Owner/Registered Agent Signature	Date:
Co-Owner Signature	Date:

APPLICATION CHECK LIST

● **Applicants for a facility license located within a residence must adhere to OAR 817-020-0011(18)**

This is a reminder to both facility owners and the independent contractors. **Both parties** are responsible for complying with the requirements of ORS 657.040 and ORS 670.600. If you fail to do so, the facility owner may be liable for unemployment taxes on that worker as an employee. For further information, please contact the Employment Department Tax Office in your area or call (503) 947-1488.

Application fees and licensing fees are included with this application. If you're operating a non-profit facility, please send proof of non-profit status and any licensing fees shall be waived.

Application Fee = \$100.00

Licensing Fee=+ \$100.00

Total Fees = \$200.00

Applicants for a facility license shall provide a map or directions if the facility is located in a rural / isolated area. Applicants must indicate if your Facility is located in a rural area or not or application will not be acceptable.

Registered as required by Secretary of State, Corporations Division pursuant to ORS 648.007, an "Assumed Business Name" (ABN) defined under ORS 648.005 prior to applying for a facility license, and submits with facility application a current copy of the ABN filing.; <http://www.filinginoregon.com/business/index.htm>

NOTE: ABN is not required if business includes the real and true name of each owner. Refer to Secretary of States, Corporations Division under ORS 648.005 through 648.990.

Completed, signed and dated application. (817-020-0006)(1)(a) and 817-020-0015 requires that an applicant be at least 18 years of age).