

**Oregon Health Licensing Agency
Board of Cosmetology**



700 Summer St. NE, Suite 320
Salem, OR 97301-1287
Phone: (503) 378-866
Fax: (503) 370-9004
Web Site: <http://www.oregon.gov/ohla/cos>
E-mail: ohla.info@state.or.us

TEMPORARY FACILITY PERMIT APPLICATION

INDICATE TYPE OF FACILITY: Sole Proprietorship Partnership Corporation

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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BUSINESS TELEPHONE	HOME TELEPHONE
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BUSINESS E-MAIL ADDRESS	HOME E-MAIL 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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Effective Date: ←Expires 30 days from this date (MM/DD/YYYY)

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 Master Card Discover

NAME ON CARD	LAST	FIRST	MIDDLE INITIAL
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CREDIT CARD NUMBER □□□□ □□□□ □□□□ □□□□	EXPIRATION DATE:	AUTHORIZED AMT: \$
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CARD HOLDER SIGNATURE:

DO NOT WRITE IN THIS SECTION – OFFICAL USE ONLY

#: COS-TEMP 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 ▶▶▶▶▶

Please answer the following questions:

(Attach additional pages if needed.)

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:

Please indicate below the specific time periods for each day the temporary facility will be open for business and thereby subject to inspection.

DATE	OPENING TIME	CLOSING TIME
	:	:
	:	:
	:	:
	:	:

Please check the fields of practice that will be preformed at this location.

Hair Design Barber Nail Technology Esthetics

● List the name(s) and Certificate number(s) of *practitioners who will be working at the temporary location. Practitioners must sign or the information will not be updated in the agency's database.*

NAME	PRACTITIONER CERTIFICATE#	SIGNATURE

● List the name(s) and certificate number(s) of practitioners who will be working as INDEPENDENT CONTRATORS registration. **Independent Contractors must sign or the information will not be updated in the agency's database.**

NAME	REGISTRATION #	SIGNATURE

TEMPORARY FACILITY DEFINED: As defined in OAR 817-05-0005 (16) a **temporary facility permit** means a written authorization issued under ORS 690.055 to provide services on a temporary basis in one or more field of practice. A temporary facility shall comply with requirements for facilities stated ORS 690.055(4), in Division 10, 20 and 40 of OAR 817, including OAR 817-10-014 (water supply requirements), 817-10-021 E(1) (toilets), 817-10-090 (use of drinking cups) and 817-20-0015 which states that the facility permit holder shall notify the Board in writing of any changes in dates of operation, at least 5 calendar days before operating the facility. **If you're operating a non profit facility, please contact the agency**

3. To be issued a temporary facility permit, each applicant must:

- Operate the facility on a temporary basis for a period not to exceed 30 consecutive calendar days and in accordance with rules of the Board.
- Be 18 years of age or older.
- Be under the direct supervision of a practitioner at all times the facility is open for business.
- Apply on forms prescribed by the Board prior to opening for business.
- Comply with the rules of the Board concerning health, safety and sanitation.
- Comply with the applicable health and safety laws and rules of the Department of Human Services and any other state agencies.
- Pay the appropriate application and permit fees as determined by the Board.

4. Instructions

Please draw a map/floor plan of the temporary facility premises on a separate piece of paper. If located at a fair, carnival, etc. Please draw a map to the location of the temporary facility within the event.

The floor plan must show the following:

- The facility premises in detail
- The location of the toilet facility
- The location of the facility water supply (must be in the facility – Note: Restrooms are unacceptable) and
- The location of each booth or workstation.

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.

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

Application Check List

- 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 = \$ 50.00
- Licensing Fee = + \$100.00
- Total Fees = \$150.00

- Submit a map of the facility.

- 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.