



**HEALTH LICENSING OFFICE**  
**Board of Cosmetology**

1430 Tandem Ave. NE, Suite 180, Salem OR 97301  
 Phone: 503-378-8667 | Fax: 503-370-9004  
[healthoregon.org/hlo](http://healthoregon.org/hlo) | Email: [hlo.info@state.or.us](mailto:hlo.info@state.or.us)

**COSMETOLOGY FACILITY LICENSE APPLICATION**

**The holder of a Facility license must be a natural person**

**1. Applicant Information**

Applicant (Responsible Party) Name:	Date of Birth	Social Security Number (REQUIRED)
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Residential Physical Address (REQUIRED)

City	State	Zip
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Home Phone:	Cell Phone	Email Address
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Name of Facility	Business Telephone
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Assumed Business Name (As filed with Secretary of State, Corporation Division)	Registry Number (Secretary of State, Corporation Division)
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Facility Physical Address

City	State	Zip
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Facility Mailing Address (if different from above)

City	State	Zip
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Are you closing a previous facility?  Yes  No If yes, list your facility license number :FA-

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state?  No  Yes - If yes, please list information below.

State:	Lic./Cert./Reg.#	Expiration:
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State:	Lic./Cert./Reg.#	Expiration:
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State:	Lic./Cert./Reg.#	Expiration:
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State:	Lic./Cert./Reg.#	Expiration:
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Do you practice at this facility?  Yes  No

**2. \*\*\* (Complete This Section Only If Submitting Payment By Mail) \*\*\***

**Method Of Payment For Application Fee = \$100; License Fee = \$110**

Please check one:  Cash  Check  Money order  Purchase order  Credit card (see below)

Type of Credit Card:  Visa  MasterCard  Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp: \_\_\_\_\_ Authorized amount: \$ \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

**(Do not write in this section – Official use only)**

Facility License #: COS-FA- \_\_\_\_\_ Initials \_\_\_\_\_ OTC  Verified ID  Type: \_\_\_\_\_

Approval Code/CK# \_\_\_\_\_



**4. Individual Records Questions: Please accurately answer all of the questions below. The Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.**

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.  **Yes**  **No** If yes, please explain (**attach additional pages if necessary**):

<p>● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                  If yes, please list <b>all</b> convictions, including the charges as stated in the court documents and year convicted (<b>attach additional pages if necessary</b>).</p>	Year Convicted

● As of today are you on probation or parole?  **Yes**  **No** If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

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 my license, certification or registration. I have enclosed the required fees and documentation.

<b>Signature:</b>	<b>Date:</b>
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ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the federal Health Care Integrity and Protection Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the Health Care Integrity and Protection Data Bank. Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

<b>Signature:</b>	<b>Date:</b>
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## 5. Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

### Ethnic Background *(check only one)*

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American *(not of Hispanic origin)*:** Persons having origins in any of the Black racial groups of Africa.
- (H) **Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of race.
- (I) **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian *(not of Hispanic origin)*:** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

## FACILITY LICENSE

### OAR 817-020-0001

- (1) Pursuant to ORS 690.055 a facility license must be obtained when operating a business establishment, providing services in one or more fields of practice defined in ORS 690.005.
- (2) A facility license is valid for one year and becomes inactive on the last day of the month one year from the date of issuance.
- (3) The holder of a facility license must be a natural person.
- (4) The facility license holder may be a facility owner, facility manager, or any other natural person.
- (5) A facility license is not transferable; the license is not transferable from person-to-person or from location to location. If an existing facility moves or relocates to a new physical address, the facility license holder must submit a new application and meet requirements of OAR 817-020-0006. A natural person may hold more than one facility license, but must submit a separate application, pay required fees and qualify for a facility license for each location.
- (6) A facility license holder must meet and adhere to all applicable requirements listed under OAR Chapter 817, division 10, 15, 35, 60, 817-020-0007 and if applicable 817-020-0009.

## REQUIREMENTS FOR A COSMETOLOGY FACILITY LICENSE APPLICATION

To be issued a facility license the applicant must:

- Meet the requirements of OAR 331 division 30;
- Submit a completed application form prescribed by the HLO, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fee = **\$100** and license fee = **\$110 (see method of payment section above)**;
- Submit one form of acceptable **photographic** identification as outlined in OAR 331-030-0000(10), **which must include applicant's current legal name:** Front and back of legible (clear) photocopies if submitted by mail; *driver license, state ID card, passport or military ID card*;
- Submit proof of being at least 18 years of age. Documentation may include identification listed under OAR 331-030-0000 *(if not already provided on photographic identification required above)*;
- Submit a map or directions to the facility if it is located in a rural or isolated area;
- Submit a list of authorization holders *(employees and Independent Contractors)* providing services in the facility;
- Submit on the application form, the name of the facility; and
- If the facility is not operating under the real and true name of each owner the applicant must provide appropriate documentation of being registered with the Secretary of State under ORS 648 including but not limited to a facility operating under a corporation, limited liability corporation or an assumed business name.

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