

Fee: \$ 110.00

Certified Check or Money Order Only
Payable to: Treasurer, State of Ohio
Personal checks and cash will be
returned. NO REFUNDS

Ohio State Barber Board
77 S. High Street 16th Floor
Columbus, Ohio 43215-6108
Phone: (614) 466-5003

OFFICE USE ONLY
ID#

Application For Barber Shop License

Please Read Carefully

- Omission of any required information will cause rejection of this application
- All applications must be submitted at least 15 days prior to opening date.

**All applications
must be
typed or printed**

(New) Shop Name (No more than 35 spaces)	Shop Phone # ()	
Address		
City	County	Zip

Shop Being Licensed Will Be Owned By:
(Check One Only)

NOTE: If you are ONLY renting chair space from the owner of the shop please check the "Individual" box below

Individual or
Chair Rental:

Owner Name	ID #	
Home Address	Phone # ()	
City	State	Zip

Partnership:

Partner Name	ID #	
Home Address	Phone # ()	
City	State	Zip

Corporation:

Partner Name	ID #	
Home Address	Phone # ()	
City	State	Zip

Corporation Name	ID #	
City	State	Phone # ()

**Licensed Barber
in Charge:**

Barber Name	ID #	
Home Address	Phone # ()	
City	State	Zip

Completion of this form is required by Chapter 4709 of the Ohio Revised Code. Failure to comply may result in maximum fine of not less than \$100 or more than \$500

BAR 1003 (Rev 02/2004)

**Date You Expect To
Open This Shop**

Continued on next page

Shop Location Is In:

- Office Building
 Storeroom
 Residence
 Shopping/Strip
 Other (Describe) _____

Application Is For:
(Check One Only)

NOTE: If you are ONLY renting chair space from the owner of the shop you must check the "Chair rental/ Shop Within Existing Shop" box below.

New Shop (This address has never been a Barber Shop before)

<input type="checkbox"/> Change Of Barber Ownership:	Previous Shop Name	Previous Shop ID#
Previous Shop Owner's Name and Signature		

Where there has been a change of ownership of a shop, the owner must comply with any rules that have taken effect since the establishment of that shop

Remodeling Only
(Fee Not Required)

<input type="checkbox"/> Change In Shop Name Only:	Previous Shop Name	Previous Shop ID#
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<input type="checkbox"/> Chair Rental/Shop Within Existing Shop:	Name of Existing Barber Shop	ID# Of Existing License Shop
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<input type="checkbox"/> Beauty Shop Adding Barber:	Name of Shop	Shop ID#
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Please check box if this address was previously a beauty shop.

Leased Chair ID's:

If the name of the shop has changed for any reason, please list the ID numbers of all chairs being license (leased) as shops.

ID#	ID#	ID#
ID#	ID#	ID#

Shop Closing:

When closing a barber shop the owner must return the shop license to the board office within 10 days of the closing. - (Ohio Revised Code Section 4709.09 D)

Name of Shop	ID #	
Address of Shop		
City	State	Zip

Effective Closing Date:

**ALL SHOPS MUST HAVE A SINK AT EACH WORK STATION
NOT MORE THAN 5' FROM CENTER OF BARBER CHAIR.**

A legible drawing must be completed by all applicants, including those applying for a change of ownership or change of shop name. Do not submit blueprints or other sketches.

A large grid of graph paper, consisting of 20 columns and 30 rows of small squares, intended for drawing a shop floor plan.

NOTE: The drawing is to include: walls, windows, doors and all rooms (including restroom, tanning, & manicurist). CLEARLY LABEL ALL EQUIPMENT. All dimensions must be shown, including distance between chairs and sinks. Resident shop floor plan include shop location in relation to the living quarters. If Barber/Beauty combination, both shops must be drawn. If only renting a chair (self-employed), you must sketch entire shop and clearly indicate the location of your chair.

**Plumbing Permit
And Inspection:**

If this is a new shop, i.e.; building has never contained a shop, you must obtain a plumbing permit and have a final plumbing inspection. The plumbing inspector must sign below or attach a final plumbing sticker to this application.

- If this has been an established shop, no plumbing inspection is necessary, UNLESS NEW plumbing is installed, or the shop has been closed for two or more years.
- If an established shop moves to a new location, which has never contained a shop, this is then considered a NEW shop and a plumbing inspection is required.
- To obtain a plumbing inspection, contact your local health department or contact:
State of Ohio, Plumbing Unit
900 N. Freeway Dr. Building 8
Columbus, OH 43229
Phone 1-614-644-2622

This is in compliance with Section 3703.03 of the Ohio Revised Code.

Attach plumbing sticker here
if signature is not obtained

Approval Date	Permit Number	Plumbing Inspector's Signature
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Application must be properly notarized

STATE OF OHIO

SS:

COUNTY OF _____

I hereby swear, or affirm, that the statements on this form are true and accurate to the best of my knowledge and belief.

Applicant's signature in full _____
(Must be signed in front of the Notary)

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20 _____.

OFFICIAL SEAL MUST
NOT BE OMITTED

Notary Public

My Commission Expires _____

For Office Use Only - Do Not Write Below

Date Posted: _____

Inspected By: _____

License No.: _____

Date Inspected: _____

Date Issued: _____

License: OK / Issue

Control No.: _____

Refuse

Other Comments:

OK / Issue Date _____

Open Business Hours _____