



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Cosmetology Trades School

Barber School

Cosmetologist/Barber School

Hair Design School

Electrology School

Esthetics School

Nail Technology School

APPLICANT INFORMATION

Business Legal Name _____

**Note: If you are a Sole Proprietor, this is your full legal name.*

DBA (if applicable): _____

Mailing Address: _____

Street Address (including Apt/Unit/Ste #) and/or PO Box

City

State

ZIP Code

Phone: _____

Email: _____

Local Contact for Licensing Purposes: _____

Phone: _____

Email: _____

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Authorized Signer: _____

Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____

BUSINESS ORGANIZATION

Please select entity type:

- Business Trust
- Corporation
- General Partnership
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership

If registered as one of the above entities in Utah, complete Section 1 below.

- Sole Proprietorship
If registered as sole proprietorship, complete Section 2 below.

Section 1: To be completed by Trust, Corporation, GP, LLC, LP and LLP applicants only.

UT Division of Corporation Registration Number*: _____ EIN: _____

Select one: Domestic Foreign Is this company publicly traded? Yes No

DBA (if applicable) : _____ DBA Registration Number: _____

**It is required that all entities doing business in Utah register with the Division of Corporation and Commercial Code.*

I understand that in all areas of this application the words “you”, “I” and “applicant” apply to the entity listed above and all subsidiaries, owners, officers, managers, qualifiers and prior entities for which these individuals have been involved.

Signature of Authorized Signer: _____ Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____

Section 2: To be completed by Sole Proprietorship applicants only.

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State Id Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

If applicable, please complete the following:

UT Division of Corporation Registration Number: _____ SSN or EIN: _____

DBA: _____ DBA Registration Number: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

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1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
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2. Yes No Do you CURRENTLY have **any criminal or administrative action pending or active**?
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3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a misdemeanor** in any jurisdiction?
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4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a felony** in any jurisdiction?
-

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

ACCREDITATION

In accordance with U.C.A. 58-11a-302(3)(c)(iv), (6)(c)(iv), (9)(c)(iv), (13)(c)(iv), (16)(c)(iv), and (19)(c)(iv), please identify the method you will comply with the accreditation standards for a barber school, a cosmetology/barber school, an electrology school, an esthetics school, hair design school or a nail technology school. Select one:

- Currently accredited by: _____
- Seeking accreditation by: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

- \$110.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the questionnaires.
- Copy of your business license from the city, town or county in which the school is located.

Important items required after licensure:

- If you are not currently accredited, once candidate status is received you must provide documentation from the accrediting body to the Division.
- Once you receive your school license from DOPL, **you must** contact the Utah Division of Consumer Protection (801-530-6481 or <http://consumerprotection.utah.gov>) to apply for and obtain a Post-Secondary School Waiver. This waiver does not need to be submitted to DOPL, but you must maintain it on file for future audits.
- Change of Entity: A change of ownership* or business organization requires a new application and fees.
*Change of stockholders in a publicly traded company does not constitute a change of ownership.
- You are required to notify DOPL if the school closes. You will be required to surrender the applicable license and provide information on the person who will be maintaining all student records according to Utah Admin Rule R156-11a-605(1).

Submit the above items with your completed application to:

In person or via express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741