

**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		
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)

Continued on next page

**Date You Expect To  
Open This Shop**

**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 or 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)

**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)

**Changes In Shop Name Only:**

Previous Shop Name	Previous Shop ID#
--------------------	-------------------

**Chair Rental/Shop Within Existing Shop:**

Name of Existing Barber Shop	ID# Of Existing License Shop
------------------------------	------------------------------

**Beauty Shop Adding Barber:**

Name of Shop	Shop ID#
--------------	----------

**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:**

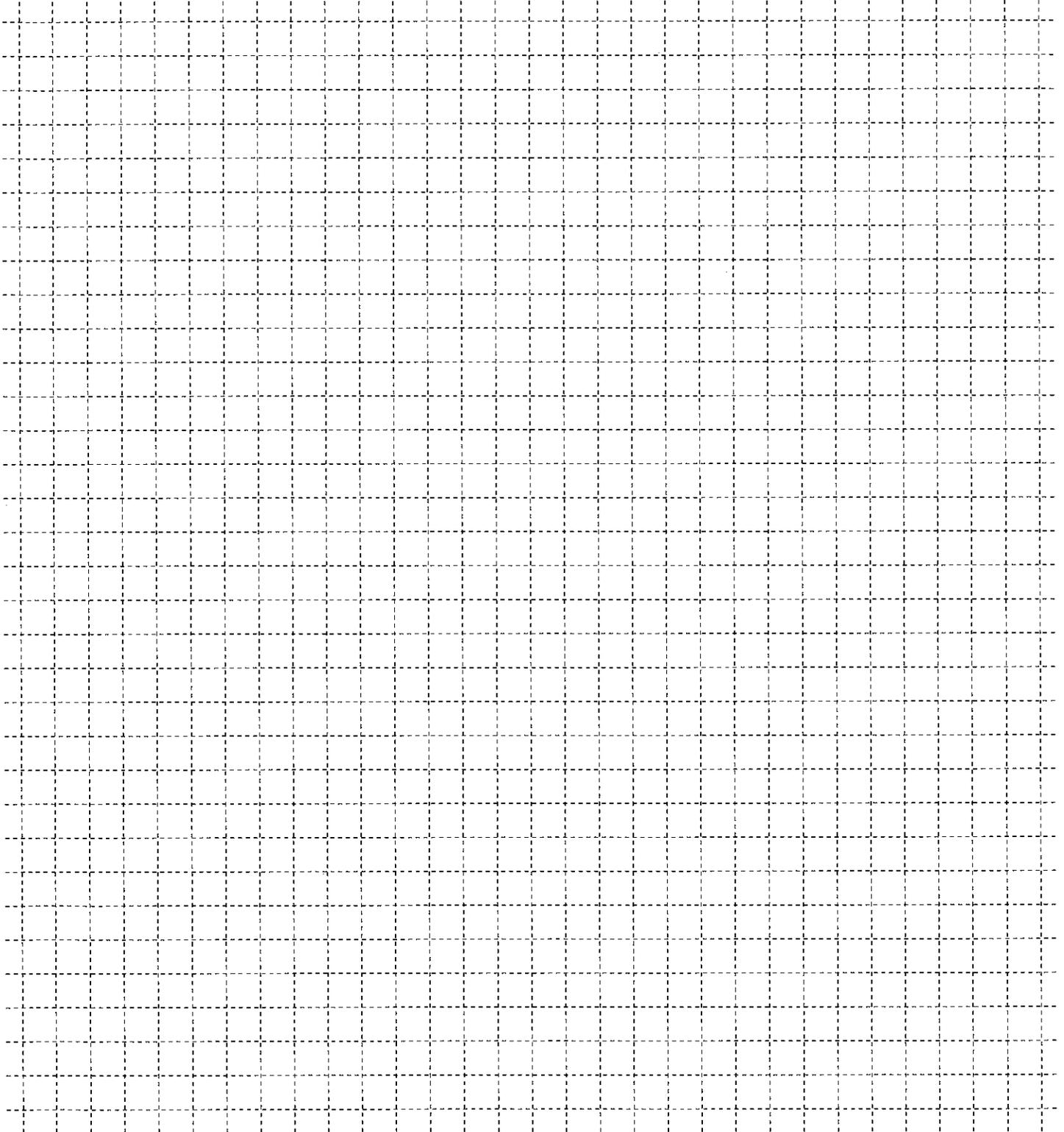
**When closing a barber shop the owner must return the shop license to the board office within 10 days of the closing. - (Ohio Revised Code Section 4709.09 D)**

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.**



**NOTE: The drawing is to include: walls, windows, doors, and all rooms (including restrooms, 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
---------------	---------------	--------------------------------

**Application must be properly notarized**

STATE OF OHIO

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 \_\_\_\_\_