



COSMETOLOGY ESTABLISHMENT LICENSE OR RELICENSURE APPLICATION

AUTHORITY: 1980 PA 299

NOTE: You are not permitted to conduct business in the establishment until after an inspection has occurred and the license has been issued.

Establishment Name			
Assumed Name (if applicable)			
Shop Owner Name (First, Middle, Last)			
Establishment Address		City	State
			Zip Code
E-mail Address		Telephone Number	
Cosmetology Services to be rendered in Establishment (Check those that apply)			
Hair Care		Manicuring/Nails	
Electrolysis		Skin Care Services	
Natural Hair Cultivation (Establishment licenses are not issued for Natural Hair Cultivation only.)			
Have provisions been made for the cosmetology establishment to be under the daily attendance and supervision of a licensee as required under MCL 339.1204(1)(d) or MCL 339.1204(3)?			
Yes		No	
Have all the licensure requirements been fulfilled except for the inspection?		When will the premises be ready for inspection?	Days/hours of operation
Yes		No	
		Date:	
Certification			
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. Further, I understand I am not permitted to conduct business in the establishment until after an inspection has occurred and the license has been issued.			
Owner or Manager's Signature		Owner	Date
		Manager	
Owner or Manager's Name, Printed (First, Middle, Last)			
FEE PAYMENT INFORMATION (Check One Box)			FOR OFFICE USE ONLY
New or Relocating Cosmetology Establishment License \$50.00 (includes new ownership, limited establishments adding an additional service or upgrading to a full cosmetology establishment)		2706-01	License Number
Cosmetology Establishment Relicensure \$70.00		2706-06	Issue Date
Make your check or money order in U.S. Currency payable to:			
STATE OF MICHIGAN			
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152 AND ARE NOT REFUNDABLE.			

Is this establishment located in a home?

Yes

No

Draw a floor plan of the proposed establishment below. Draw and identify or label all designated work areas, including reception area, shampoo bowls, styling stations, manicuring stations, skin care stations, areas designated for each service offered, rest rooms, drinking water source, etc. Show all walls and doors. Indicate any connecting rooms or businesses.

If you will also have licensed barbers working in this establishment, you must also submit a Barber Shop Application and when labeling the diagram indicate which stations and sinks will be used by Cosmetologists and which will be used by Barbers. (NOTE: When both Cosmetologists and Barbers work in the same establishment there must be at least one station and one sink for each profession.)

THE FLOOR PLAN MUST BE PROVIDED WITH ALL APPLICATIONS, EVEN IF THE ESTABLISHMENT WAS PREVIOUSLY LICENSED.

THIS AREA MUST BE FILLED OUT