

Salon Requirement and Procedures

(For new or relocating salons)

Requirements:

As a minimum requirement each salon shall provide and maintain the following:

- (a) One shampoo bowl with hot and cold running water
- (b) One work station
- (c) Hand washing sink (nail technician & esthetics salons)

The following must be posted in the salon:

- Salon License, Personal and Independent Contractor Licensees
 - National Infection Control and Pedi Spa Standards
 - Blood Exposure Standards
 - Wyoming Infection Control Standards
 - All Infection Control Standards are available at <http://cosmetology.wy.gov>
- **Refer to Wyoming Rules and Regulations, Chapter 7 and Chapter 10 for more detailed information on salon requirements and sanitation**

Procedure:

1. Complete and return to the Board office the **notarized** salon application along with:
 - a. **Completed** Inspection sheets
 - b. Salon Waver (if applicable)
 - c. Notification of change of owner (if applicable)
 - d. Floor plan (**A floor plan must be submitted with all salon applications**)
 - e. Salon application fee (See application for fees)
 - f. *Proof of Lawful Presence (non licensed owner only, acceptable documentation listed below)
- **Applications must be received by the Board office at least 15 day prior to date of opening.**
- **Salon must have inspection or verbal approval and salon license posted prior to opening.**
- **You may only use the salon relocation application if you are moving a currently licensed salon within the same town with no change of ownership.**

The following numbers may be of assistance when opening your salon:

- | | |
|---|--------------|
| 1. OSHA (Occupational Safety and Health Administration) | 800-321-6742 |
| 2. Department of Revenue (sales tax license) | 307-777-7961 |
| 3. Department of Health | 307-777-7656 |

- **Salon owners who intend to hire licensee's as employees will have to have a federal ID number**

Salon Rules and Regulations are available online at <http://cosmetology.wy.gov>

***Proof of Lawful Presence must be included with this application if the owner does not hold a license with the Wyoming Board of Cosmetology.**

The Federal Government requires our office to have a copy of 'Proof of Lawful Presence' on file for every licensee. The following list is considered acceptable documentation for proof of lawful presence.

- A photo copy of a certified birth certificate (not a hospital document) issued in or by a city, county, state, or government entity within the United States or its outlying possessions
- A photo copy of a U.S. certificated of birth abroad (FS-545, DS-135) or a report of birth abroad of a U.S. citizen (FS-240)
- A photo copy of a birth certificate or passport issued from: Puerto Rico, on or before January 13, 1941; Guam, on or after April 10, 1898; U.S. Virgin Islands, on or after February 25, 1927; Northern Mariana Islands on after November 4, 1986; American Samoa; Swain's Island; or District of Columbia
- A photo copy of a U.S. passport
- A photo copy of a certificate of naturalization
- A photo copy of a certificate of citizenship
- A photo copy of a U.S. citizen identification card
- A photo copy of an individual fee registration receipt (form G-711) that shows that the person has filed application for a new naturalization or citizenship paper (form N-565)
- A photo copy of any other document which establishes a U.S. place of birth or indicates U.S. citizenship

WYOMING BOARD OF COSMETOLOGY
2515 Warren Ave., Suite 302, Cheyenne, WY 82002
Phone (307) 777-3534 Fax (307) 777-3681

SALON APPLICATION

**Please refer to the Requirements and Procedures to obtain a Wyoming Salon License*

Salon License Fee:

- **\$300.00** Money Order, Business Check, Credit or Debit Card (credit card form included in packet)
- **If you are applying for a license to open in October please send \$318.00, in November please send \$312.00 and in December please send \$306.00.** (Prorated fees will cover current year and the following year, no prorate is available prior October 1st; licenses received prior to October 1st will expire December 31st of the current year)

Have you previously owned a salon in Wyoming? () Yes () No

Is there or has there been a salon at this location in the last 5 years? () Yes () No

If yes, was it closed? () Yes () No

If yes, is it an existing salon? () Yes () No

What was the name of the salon? _____ City _____

ANTICIPATED DATE FOR SALON OPENING OR OWNERSHIP CHANGE _____

****COMPLETED APPLICATION MUST BE RECEIVED BY THE BOARD OFFICE 15 DAYS PRIOR TO OPENING DATE OF SALON – NO EXCEPTIONS****
SALON MUST BE WORK READY PRIOR TO INSPECTION

NAME OF SALON _____ **PHONE** () _____

STREET ADDRESS OF SALON: _____ **CITY, STATE, ZIP** _____

(For rural salons or those without street addresses, provide detailed explanation of salon location, including a map)

Salon Services:

Hair _____ Skin _____ Nails _____ Full Service _____

1. CORPORATION _____

CORPORATION NAME _____ **FEDERAL ID #** _____

CORPORATION CONTACT PERSON _____

MAILING ADDRESS: _____ **CITY, STATE, ZIP** _____

PHONE () _____ **(HOME)** _____ **E-MAIL ADDRESS** _____

OR

2. SOLE PROPRIETOR _____ **PARTNERSHIP** _____ **NO LICENSE, OWNER ONLY** _____ **(PROOF OF LAWFUL PRESENCE REQUIRED)**

NAME _____ **PERSONAL LICENSE #** _____ **SOCIAL SECURITY NUMBER** _____ - _____ - _____

NAME _____ **PERSONAL LICENSE #** _____ **SOCIAL SECURITY NUMBER** _____ - _____ - _____

MAILING ADDRESS: _____ **CITY, STATE, ZIP** _____

PHONE () _____ **(HOME)** _____ **E-MAIL ADDRESS** _____

- | | | |
|--|-----------|----------|
| 1. Has any state(s) rejected your application or disciplined, restricted, revoked or suspended your license? | Yes _____ | No _____ |
| 2. Have you ever voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? | Yes _____ | No _____ |
| 3. Have you ever been convicted of any felony? | Yes _____ | No _____ |
| 4. Do you now use, or within the last five (5) years have you used, alcoholic beverages habitually to excess? | Yes _____ | No _____ |
| 5. Do you now use, or within the last five (5) years have you used hallucinogenic, barbiturates, narcotics of any controlled substance habitually to excess? | Yes _____ | No _____ |

(If you answered 'Yes' to any of the above questions, please attach a detailed explanation including state(s) and outcome)

AFFIDAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ **DAY OF** _____, 20____

SIGNATURE _____

NOTARY PUBLIC

EXPIRES

SIGNATURE OF LICENSEE
(Must Be Witnessed by a Notary)

NOTARY SEAL

Revised 10/2013

New or Relocating Salon Inspection

(To be completed and returned with salon application)

Facility

- Salon and personal licenses current and posted in an unobstructed location accessible and visible to the consumer. Yes _____ No _____
- Independent Contractor licenses current and posted at the work station. Yes _____ No _____
- Infection control standards and inspection report posted in an unobstructed location accessible and visible to the consumer. Yes _____ No _____
- All licensee's working within scope of practice. Yes _____ No _____
- Independent Contractor inspection forms on file. Yes _____ No _____
- Salon is free of animals (other than service animals), therapy dogs are not permitted. Yes _____ No _____
- Salon is clean, in good repair and has separate entrance from other business or living quarters. Yes _____ No _____
- EPA disinfectant available for disinfecting implements. Yes _____ No _____
- Containers available for completely immersing implements. Yes _____ No _____
- Disinfectant mixed according to manufacturer's directions. Yes _____ No _____
- Shampoo bowl(s) clean and in good repair, disinfectant available at shampoo bowl. Yes _____ No _____
- Hand washing sink clean and in good repair, with liquid soap and disposable towels available. Yes _____ No _____
- All refuse is deposited in suitable receptacle with lids. Yes _____ No _____
- All disinfected implements, clean towels, tables, beds and client coverings are stored in disinfected closed, dry cabinets or containers. Yes _____ No _____
- Drawers and cabinets are clean and free of debris. Yes _____ No _____
- Coffee and other refreshments are served in single use containers with lids. Yes _____ No _____
- All preparations stored, handled, applied and protected from contamination. Yes _____ No _____
- Restroom has liquid soap and disposable hand towels. Yes _____ No _____
- Hand sanitizer available. Yes _____ No _____
- Adequate supply of potable hot and cold water under pressure. Yes _____ No _____
- Soiled implements are stored separately from disinfected implements. Yes _____ No _____
- Services not regulated by the Board of Cosmetology are clearly designated. Yes _____ No _____
- The following items are prohibited:
 - Bed or mattress
 - Roll on wax
 - Multi-use puffs or sponges
 - Styptic pencil
 - Table duster and neck brushes
 - Credo blades
 - MMA

Hair Services Yes _____ No _____

- Clean neck strip or towel for draping provided and used for each client. Yes _____ No _____
- Clean towels during services provided for each client. Yes _____ No _____
- Hair swept from floor after each cut. Yes _____ No _____
- All implements disinfected after each use with EPA registered hospital grade disinfectant. Yes _____ No _____

Nails Services Yes _____ No _____

- Nail tables, including drawers are clean and in good repair. Yes _____ No _____
- Nail tables are disinfected after each use. Yes _____ No _____
- All implements are disinfected after each use with EPA registered hospital grade disinfectant. Yes _____ No _____
- Electric nail files and attachments to be properly disinfected and stored after each client. Yes _____ No _____

- Pedicure chair and bowl are clean, disinfected, and in good repair. Yes_____ No_____
- Paraffin is clean and free of debris, kept covered when not in use, and used with single use bag. Yes_____ No_____
- One use files and buffers are disposed after each client. Yes_____ No_____

Skin and/or Waxing Services Yes_____ No_____

- There are no Implements used that penetrate the dermal layer of skin. Yes_____ No_____
- All implements disinfected after each use with EPA registered hospital grade disinfectant. Yes_____ No_____
- Clean table covering, client covering and towels provided for each client. Yes_____ No_____
- Wax implements are disinfected and properly, stored or disposed of after each use. Yes_____ No_____
- Wax pots are clean and free of debris, and kept covered when not in use. Yes_____ No_____
- No implements shall be double dipped back into the original container. Yes_____ No_____
- Wax applicators are single use and are properly disposed of. Yes_____ No_____

Disinfection procedure per national standards, page 32, Wyoming Laws, Rules and Regulations:

- Wet disinfection and storage standards.
 - Prior to use on any client, all non-porous tools and implements or multi-use items must be cleaned AND disinfected. Items must be cleaned with soap and warm water or a chemical cleaner. The items must then be disinfected by complete immersion in an EPA registered, bactericidal, virucidal, fungicidal (formulated for hospitals) disinfectant that is mixed and used according to the manufacturer’s directions. Items that are porous are not able to be disinfected and must be disposed of after each use.
 - Items MUST stay immersed or visibly moist with disinfectant for the entire contact time listed on the manufacturer’s label to be effective.
 - All disinfectant solution must be changed per the manufacturer’s label or sooner if contaminated.
 - Dry storage standards.
 - Disinfected implements must be stored in a disinfected, dry covered container and be isolated from contaminants. At no time can these items come into contact with used/dirty items.

I understand that if determined a physical inspection cannot be completed, I may open my salon with verbal approval from the Board, only after receiving and posting the salon license. I also agree to make any required changes to be compliant with all Wyoming Board of Cosmetology Laws, Rules and Regulations upon completion of the physical inspection.

Salon Name

Salon Owner

Date

Wyoming Board of Cosmetology
2515 Warren Avenue, Suite 302
Cheyenne, WY 82002 Phone: (307) 777-3534

Date: _____

NOTIFICATION OF CHANGE

To Be Filled Out by Previous Owner:

Wyoming State Board of Cosmetology "Rules and Regulations"

- Chapter VII, Section 4 (a) Salon licenses may not be transferred upon the sale of a salon. The new owners must make application pursuant to Section 1 of this chapter. (d) Upon the permanent closing (or sale) of a salon, the owner or proprietor shall immediately notify the Board

Upon application is location a currently operating salon? Yes _____ No _____

If so, who is the current owner: _____

IF OWNER HASN'T REPORTED SALE OR CHANGE TO BOARD, PLEASE COMPLETE THE FOLLOWING:

Anticipated Date of Change _____

Salon license number _____ Phone (_____) _____

Name of Salon _____

Address _____

City/State/Zip

Sold to _____

Signature _____

Past Owner

Wyoming Board of Cosmetology
2515 Warren Avenue, Suite 302
Cheyenne, WY 82002 Phone: (307) 777-3534

Salon Waiver

To be filled out **ONLY** for Nail or Skin Care Salon

Date: _____

I, _____, hereby request an equipment waiver as provided for by the Wyoming State Board of Cosmetology rule, Chapter VII, Section 3 (a) and (b). The services in the salon will be limited to () nail services: () skin care. I wish to have waived the requirements for one shampoo bowl and one work station. Upon the addition of any other services, I shall inform the Board and agree to meet the requirements set forth is the Board determines this waiver shall be revoked.

Signature

