

Instruction Sheet

Salon/Shop Registration

ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

To apply for registration as a cosmetology salon, esthetics salon, hair braiding salon, nail technology salon or barber shop under the provisions of the Illinois Barber, Cosmetology, Esthetics, Hair Braiding, and Nail Technology Act of 1985, read and follow each of the steps as indicated below. This will aid you in accurately completing your application and eliminate delays in processing. **You may not operate a salon or shop without a Certificate of Registration from the Department.**

Note: A separate application must be submitted for each location.

STEP I--Application

Use a typewriter or black pen to complete all information requested on the Application for Salon/Shop Registration.

1. Part I, D, indicate if this application is for a change of ownership. Check box and write salon or shop registration number of previous owner. Also, request that previous owner forward a signed, dated letter acknowledging change of ownership **and** return original certificate of registration to the Department.
2. Part II, indicate if salon or shop is owned by a sole proprietor, corporation, limited liability company (LLC) or partnership. Indicate all owner information as requested.

Application must include the name, address, and telephone number of the proprietor, corporation, LLC, or partnership that owns the salon or shop. If the owner is a corporation, LLC, or partnership, the application must also include the name, address, email address and telephone number of the corporate officer or business partner who can be contacted during regular business hours. It must also include the location of the services.

3. Part III, indicate all salon or shop information as requested.

Application must include the name, address, and telephone number of the salon or shop.

Note: The Department may reject any application including a business name that states or implies a service that cannot be legally offered by the business, which is misleading to consumers, or is otherwise inconsistent with the purposes of the Act.

4. Part IV, read certifying statement and sign and date application.

Upon approval of the application, your new license will be printed and mailed to the salon / shop address. Once you receive your license, you may open for business.

STEP II--Registration Fee

A \$40.00 check or money order made payable to the Department of Financial and Professional Regulation.
Fee is not refundable.

STEP III--Supporting Documents

Illinois Corporation:

Include a copy of entire Articles of Incorporation as filed with Illinois Secretary of State.

Foreign Corporation (those incorporated outside of Illinois):

Include a copy of entire Articles of Incorporation as filed with jurisdiction where corporation is registered;
Include a copy of certificate of authority to transact business in Illinois as filed with Illinois Secretary of State.

Limited Liability Company:

Include a copy of entire Articles of Organization as filed with Illinois Secretary of State.

Partnership:

Include a copy of signed and dated partnership agreement.

Franchise:

Include a copy of signed and dated franchise agreement. Must show that franchisee has been granted right to use trade name, trademark, service name, service mark, or any other right to the exclusive use of names or symbols.

Assumed Name:

Sole proprietor--Include a letter or certificate from county clerk's office where assumed name is filed.

Corporation--Include a letter or certificate from Illinois Secretary of State authorizing corporation to transact business under assumed corporate name.

Limited Liability Company--Include a letter or certificate from Illinois Secretary of State authorizing LLC to transact business under assumed limited liability company name.

Partnership--Include a letter or certificate from county clerk's office where assumed name is filed.

STEP IV--Mailing Information

Mail application, fee, and supporting documents to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

If assistance is needed, direct your request to:

Department of Financial and Professional Regulation: 1-800-560-6420
TTY: 1-866-325-4949

When an operator answers, state the profession for which you are applying and that you need assistance with your application.

APPLICATION FOR A SALON/SHOP REGISTRATION

Each registration shall expire on November 30 of even-numbered years.

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

PART I: Application Category Information

A. PROFESSION CODE: 189	B. PROFESSION NAME SALON/SHOP REGISTRATION	C. FEE \$40
D. CHANGE OF OWNERSHIP If this application is for a change of ownership, check box and indicate salon/shop registration number of previous owner.		<input type="checkbox"/> 189-

PART II: Salon/Shop Information

1. Name of Salon/Shop	
2. Address of Salon/Shop (street address, city, state, zip code--P.O. Box alone is not acceptable)	
3. Contact E-Mail Address (Required)	4. Telephone Number of Salon/Shop
5. Location of Services <input type="checkbox"/> Services provided at address in line 2 <input type="checkbox"/> Services provided at clients premises <input type="checkbox"/> Mobile salon/shop	6. Franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART III: Owner Information

TYPE OF OWNERSHIP: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	
1. Name of Proprietor, Corporation, LLC or Partnership	2. FEIN or SSN of Proprietor, Corporation, LLC or Partnership
3. Address of Proprietor, Corporation, LLC or Partnership (street address, city, state, zip code--P.O. Box alone is not acceptable)	4. Telephone Number of Proprietor, Corporation, LLC or Partnership
5. Name and Home Address of Corporate Officer or Business Partner who can be contacted during regular business hours (street address, city, state, zip code--P.O. Box alone is not acceptable)	6. Telephone Number of Corporate Officer or Business Partner

Name(s) and license number(s) of Sole Proprietor, Chief Executive Officer, Manager, or Managing Partner holding a license in any profession regulated under the Illinois Barber, Cosmetology, Esthetics, Hair Braiding, and Nail Technology Act of 1985.

PART IV: Certifying Statement

Under penalties of perjury, I declare that I have examined this application, that the answers appearing herein are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency.

Date

Signature of Owner

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the requested fee thereunder, but in no event shall such reduction be made in an amount greater than \$50.