

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** _____ - _____ - _____

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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 _____

SIGNATURE OF LICENSEE
(Must Be Witnessed by a Notary)

NOTARY SEAL

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

SALON RELOCATION APPLICATION

*Refer to the Application Packet for Requirements and Procedures

Salon Relocation Fee:

- \$225.00

Is there or has there been a salon at the new 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 RELOCATION

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

NAME OF SALON PHONE ()

NEW 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

NAME PERSONAL LICENSE # SOCIAL SECURITY NUMBER - -

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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

SALON INSPECTION

***Please complete both pages and return with salon application**

Display of License, notices: YES ___ NO ___

Licenses (Personal, Shop, and Independent Contractor) Blood Incident, Infection Control Standards, Spa Standards and Inspection Sheets to be displayed in public view.
(e.g.; reception area) All Independent Contractor Inspection sheets shall to be hung at work station.

Shampoo Bowls: YES ___ NO ___ Disinfectant _____

Labeled hospital grade Disinfectant or approved wipes at shampoo bowl.

(If there are more than 2 bowls you should have more than 1 labeled hospital grade disinfectant at the bowls)

Sink and Shampoo Bowl: YES ___ NO ___

Criteria for all sinks and shampoo bowls

1-No cracks 2-No enamel missing 3-No extreme scratches 4-Neck area in good condition

Toilet and hand washing sinks: YES ___ NO ___

Liquid or powder Antibacterial soap at all hand washing sinks

Disposable hand towels at all hand washing sinks (no cloth towels)

Bathroom Facilities: YES ___ NO ___

Can not pass through person's living quarters

Convenient and accessible

Floors, Walls and Ceilings: YES ___ NO ___

Floors are clean, smooth and a washable type of construction and in good condition Type of floor _____

No cracks in the tile, vinyl, wood, and cement

Walls should not be cracked and shall be painted

Wall shall be washable

Carpeting **cannot** be under work area (i.e.: hair stations and shampoo bowls or foot bath station)

Carpeting shall be permitted:

- Under manicure/nail technician's stations.
- Esthetics rooms
- Reception/drying area.

All salons and schools shall be adequately heated, lighted, and ventilated

Seeing Eye dogs and service dogs are permitted in salon. Therapy dogs are not permitted in salon

Entrance to Salon: YES ___ NO ___

Has to have outside entrance

Has to have separate entrance, if in another business, or living quarters, or from a passageway in a public building

Has to have closeable door between another business or living quarters (sleeping quarters are prohibited in salon) no mattress or beds

Complete Immersion: YES ___ NO ___

Container large enough to completely immerse brushes, combs etc. (available for inspection)

Proper disinfection:

- Clean with soap and water
- Immerse in approved disinfectant
- Rinse

Hand sanitizers: Shall be in all work areas YES ___ NO ___

Covered Disinfectant: YES ___ NO ___ NAME OF DISINFECTANT _____

Appears to be changed regularly (no sediment in jar)

If barbicide jars are used at station, any implement put in jar must be cleaned with soap and water and then immersed.

Jar should stay covered at all times: e.g.: combs should not be out of solution or combs should not be sticking out of jar where the top will not go on.

Labeled jars (if storing soiled implements in soapy water it must be labeled as such)

EPA Approved Disinfectant :(Refer to Wet Disinfection Standards) YES ___ NO ___

Container for Implements: YES ___ NO ___

All containers that can be disinfected and closed may be used.

Storing of Implements and Towels: YES ___ NO ___

All implements shall be disinfected first before storing.

Only disinfected items are to be in disinfected closable container (e.g.: money, hair clippings etc. shall not be in the clean area)

All hair to be removed from brushes before disinfecting.

All hair clips or jaws, razor guards shall be properly disinfected after each use.

All clippers shall be cleaned after each use and stored in a closeable container or if left out should have cap on clipper blade end for storage.

No items such as brushes, clips, combs, clipper attachments, etc. to be left out. Either is in clean or dirty container.

Dirty towels are to be put in ventilated container with lid

All Q-tips or any applicators shall be in a covered container.

Towels shall not be stacked on counter.

All towels are to be stored in clean closed container or cabinet.

Preparations: YES ___ NO ___

All jars or containers should have lids.

No finger marks should be in preparations. They should be removed with spatula (adequate amount of spatulas available) or pump (needs to be done in a manner as not to contaminate)

All containers shall be labeled.

Multiple use puffs, sponges, makeup brushes, etc. are prohibited.

Make-up for demonstration purposes shall be kept clean and covered

Trash Containers: YES ___ NO ___

All trash containers including bathroom and office trash containers shall be provided with lid.

Wax applicators shall not be left out on wax pot after use; all applicators shall be thrown away after each use YES ___ NO ___

- a. No roll on wax shall be used

- b. Wax machine shall be kept clean
- c. Wax machine shall be provided with lid
- d. Non porous implements shall be disinfected with hospital grade disinfectant and stored in a disinfected closed container

Clippers must have a hospital grade disinfectant design for clippers. Debris must be removed. Clipper blades must be covered. YES ___ NO ___

Clipper Disinfectant _____

Refreshments: YES ___ NO ___

All refreshments are to be served in single serve containers only.

No glass or ceramic containers.

No open food or beverages in work area.

Neck Strips: YES ___ NO ___

A clean neck strip or towel shall to be used on each patron.

No capes are to come in contact with skin.

A cape and neck strip shall to be used

Neck brushes: Neck brushes or dusters may not be used unless disinfected after each use YES ___ NO ___

No MMA (liquid monomer) YES ___ NO ___

Disinfectant for Manicure Table & Implements: YES ___ NO ___

EPA registered hospital grade, bactericidal, virucidal and fungicidal psudomonacidal disinfectant.

Disinfect table after each use.

Use clean towel or table covering for each patron

All covered containers have to be disinfected and only disinfected items in them.

Table drawers shall be disinfected

Table drawers shall be clean and free of debris (No paper money etc. mixed with disinfected items)

All preparations shall be dispensed in a manner not to contaminate.

No blades, knives, lancets shall be used

Clean implements cannot be together with the dirty ones.

Dirty items shall be in a separate container and labeled as dirty.

One use files and buffer blocks shall be one use only and shall be disposed of.

The word disinfectable on a file does not mean you can use the file more than once all cushion files are one use only

Files cannot be taken home by client and brought back to use.

Glass, metal or acrylic files can be disinfected

Files cannot be put in bags or boxes for each person.

Proper procedure for disinfecting:

- a. Clean with soapy water
- b. Full immersion in disinfectant
- c. Rinsed

Spraying files or instruments with disinfectant is not proper disinfecting.

Alcohol shall not be used as a disinfectant.

Paraffin wax shall be used in a manner not to contaminate and covered when not in use. YES ___ NO ___

The State of Wyoming does not allow a porous or cushion file to be disinfected

Purifiles made with (Mylar) center may be reused if properly disinfected

MSDS sheet shall be provided for inspection. (I.e. liquid monomer no MMA) YES ___ NO ___

Pedicuring what type of foot bath do you have _____

Procedure in cleaning foot bath _____

Nail brushes: YES ___ NO ___

Should be stored in closed container

Cleaned after each use (proper procedure)

Dirty brushes in labeled dirty container

Electric Nail Files: YES ___ NO ___

Disposable sanding Cylinders (one use only)

Multi-use tips (properly disinfected)

- a. Cleaned with soap and water
- b. Full immersion
- c. Rinse

Attachable end of electric file should be cleaned after each use and stored in closed container.

I understand that if determined a physical inspection is not necessary, I may open my salon with verbal approval from the Board, and receiving and posting my salon license (Chapter 1, Section 4, Board Rules and Regulations). I also understand and 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 Signature

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 # _____ 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

