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
  o 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. certificate 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
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
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 ____________________________ CITY, STATE, ZIP __________

MAILING ADDRESS: ____________________________________________ 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: ____________________________________________ 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 hallucinogenic веществ, barbiturates, narcotics of any controlled substance habitually to excess? Yes_______ No_______
5. 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 ____________________________

SIGNATURE ____________________________

NOTARY SEAL ____________________________

(Must Be Witnessed by a Notary)

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_________

- 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, 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 ____________________________

SIGNATURE OF LICENSEE ____________________________ (Must Be Witnessed by a Notary)
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)

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:
   a. Clean with soap and water
   b. Immerse in approved disinfectant
   c. Rinse
   Hand sanitzers: 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)
   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 kelp 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 kelp 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 caps 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
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
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
Wyoming Board of Cosmetology
2515 Warren Avenue, Suite 302
Cheyenne, WY 82002 Phone: (307) 777-3534

Credit Card Authorization

➢ The Board office will accept VISA, MASTERCARD, and DISCOVER. This document will be shredded when payment has processed.

Your signature below authorizes the Wyoming Board of Cosmetology to charge applicable fees for the individual or individuals listed on this form. (Please double check all information for accuracy).

CREDIT CARD TYPE [ ] VISA [ ] MASTERCARD [ ] DISCOVER

CREDIT CARD NUMBER: __________________________________________

CVV2: _____________ (3 digit # on the back of the card) EXPIRATION DATE: MO ___________ YR ___________

NAME AS IT APPREARS ON THE CARD: __________________________________________

BILLING (STREET) ADDRESS: __________________________________________

CITY: ___________________ ST: _______ ZIP: __________ TELEPHONE # __________________

SIGNATURE: ___________________ DATE: __________________

➢ There is an additional charge of $4.00 for all credit card payments

[ ] Certification of Record: $25.00 (when applying for a license outside of Wyoming)

Licensing Fees:

[ ] Personal License: Refer to your renewal form for the correct fee

[ ] Salon License: $75.00

[ ] Independent Contractor License: $75.00

[ ] Duplicate License: $10.00

[ ] Endorsement Application: $273.00

[ ] Reinstatement Application: Refer to your reinstatement application for the correct fee

[ ] New Salon Application: $300.00

[ ] School License: $200.00 fee

[ ] New School Application: $575.00

[ ] Salon Relocation: $225.00