

# INSTRUCTION SHEET

## COSMETOLOGY SCHOOL

**BEFORE COMPLETING THE APPLICATION PACKAGE**, read each of the steps below in the order that they are listed, then follow the directions for the specific type of application you are submitting. This will aid you in accurately completing your application and thus, eliminate any delay in processing.

- Step 1. Contents of Application Package:
- a. Instructions
  - b. Application for Cosmetology School
  - c. Student's Rights
  - d. Application Commitments (form SCH-AC)

Step 2. Profession name, profession code, type of application and fees

**Please refer to link [www.idfpr.illinois.gov/profs/cosmo.asp](http://www.idfpr.illinois.gov/profs/cosmo.asp) for the most current version of the Illinois Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act of 1985 and Administrative Rules. These requirements must be met for application to be completed.**

PROFESSION NAME	PROFESSION CODE	TYPE OF APPLICATION	FEES
Cosmetology School/Private	013	New School	\$500.00
Cosmetology School/Private	013	Change of Ownership	\$200.00
Cosmetology School/Private	013	Change of Location	\$200.00
Cosmetology School/Private	013	On-Site Expansion	\$ 50.00
Cosmetology School/Private	013	Off-Site Expansion	\$ 50.00

PROFESSION NAME	PROFESSION CODE	TYPE OF APPLICATION	FEES
Cosmetology School/Public	015	New School	\$500.00
Cosmetology School/Public	015	Change of Ownership	\$200.00
Cosmetology School/Public	015	Change of Location	\$200.00
Cosmetology School/Public	015	On-Site Expansion	\$ 50.00
Cosmetology School/Public	015	Off-Site Expansion	\$ 50.00

Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation or IDFPR. ALL FEES ARE NONREFUNDABLE.

Step 3. Mail application, supporting documents and fee payment to: Illinois Department of Financial and Professional Regulation or IDFPR, ATTN: Division of Professional Regulation P.O. Box 7007, Springfield, Illinois 62791.

Step 4. If assistance is needed, direct your request to 1-(800)-560-6420, TTY: 1-(866)-325-4949.

## INSTRUCTIONS FOR MAKING APPLICATION FOR A NEW PRIVATE COSMETOLOGY SCHOOL

### Please submit the following items:

1. Complete the **application** for a Cosmetology School.
2. Submit a certified **financial statement** indicating sufficient current finances exist to operate the school for at least 3 months. The Division will not accept a bank statement as sufficient proof to meet this requirement. The financial statement shall include reporting cash assets *on hand* and any liabilities and shall be prepared by either a certified public accountant or a person knowledgeable about the finances of the school. Any financial statement submitted by a person who is not a certified public accountant must contain a signed statement certifying under penalty of perjury that the information is true and accurate based upon inspection of the financial records of the school.
3. If school site is leased, submit a copy of an executed **lease agreement** which verifies at least a one-year commitment to the use of the school site. The address of the school and the name of the lessor and lessee must be in the lease agreement. If the school site is owned, submit a copy of legal document verifying ownership.
4. If school is owned by a partnership, submit a signed copy of the **partnership agreement** which identifies all partners and the partner who will be serving as the authorized agent of the school.
5. If school is owned by a corporation or LLC, submit a copy of the **Articles of Incorporation or Articles of Organization** which have been filed with the Illinois Secretary of State.  
  
If school is owned by a foreign corporation (those incorporated outside of Illinois), submit a copy of the filed **Articles of Incorporation** *and* a copy of the filed **Certificate of Authority to conduct business in Illinois** as issued by the Illinois Secretary of State.
6. For sole proprietorships or partnerships submit a copy of the filed **Assumed Name** certificate from the county clerk's office. For corporations or LLC's using an Assumed Name submit a copy of the **Assumed Name** which has been filed with the Illinois Secretary of State.
7. List the names, addresses and current status of all schools in which you have previously owned any interest, and a declaration as to whether any of these schools were ever denied accreditation or licensing or lost accreditation or licensing from any governmental body or accrediting agency.
8. An **Application Commitments** statement (form SCH-AC) must be signed and dated by the school's chief managing employee *and* a statement must also be signed and dated by EACH owner, partner or officer of the corporation or LLC.
9. Submit an 8 ½ by 11" **floor plan** of the proposed school in accordance with Section 1175.505 of the Rules. The floor plan must be drawn to a scale specified on the floor plan, showing every detail of the proposed school, including dimensions and fixtures. All areas must be labeled. Clinic areas must meet the minimum 1,000 square feet requirement, regardless of the number of expected students. Additional square footage will be required if offering more than the Cosmetology program.

10. Submit an official **fire inspection** from the local fire inspection authority giving approval for use of the site as a school. Inspection *must* have occurred within 6 months of application.
11. Submit a copy of the **enrollment agreement** to be used by the school in accordance with 225 IL 410/3B-12 and 3B-13 of the Act, Sections 1175.510 and 1175.565 of the Rules and The Student's Rights.
12. Submit an **outline** of the **curriculum(s)** showing that it meets the requirements of Sections 1175.530 and/or 1175.535. If you want to offer the teacher program you must be approved for both the 500-hour and 1000-hour programs. All schools are approved to offer the Refresher Courses once license is issued but the curriculum requirements of the Rules must be met.
13. Submit a copy of the school's official **transcript** in accordance with Section 1175.520 of the Rules. An official transcript must be submitted for each course of instruction offered. A sample of the **school seal** will also need to be submitted.
14. New schools that wish to offer Barber, Barber Teacher, Esthetics, Esthetics Teacher, Nail Technology, Nail Technology Teacher, Hair Braider, Hair Braiding Teacher and/or the crossover programs must submit curriculum outlines and transcripts for *EACH* program and be included in the enrollment agreement. The floor plan must also show that the minimum space requirements are met for each additional program and all areas need to be clearly labeled for each specific program.
15. Mail application, supporting documents and appropriate fee (see Page 1, Step 2) to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

The Division will schedule an inspection of the school premises after the application, fee and all supporting documents have been properly completed. SCHOOL OPERATIONS SHALL NOT COMMENCE NOR SHALL THE SCHOOL IN ANY WAY SOLICIT STUDENT ENROLLMENT UNTIL THE SCHOOL LICENSE HAS BEEN ISSUED.

## **INSTRUCTIONS FOR MAKING APPLICATION FOR A NEW PUBLIC COSMETOLOGY SCHOOL**

### **Please submit the following items:**

Please submit items 1, 7, 8, 9, 10, 12 and 14 for a new school *and* documentation that you are a public high school, community college, public university, or any other institution operated by a governmental body or agency that conducts a cosmetology, barbering, esthetics, hair braiding or nail technology program.

## **INSTRUCTIONS FOR MAKING APPLICATION FOR A CHANGE OF OWNERSHIP OF A COSMETOLOGY SCHOOL**

Please submit items 1-14 listed for a new school *and*:

1. A **bill of sale** signed by both the current and new owner(s) or an **affidavit** from current owner(s) received WITHIN 5 WORKING DAYS FROM THE DATE TITLE TO THE SCHOOL IS TRANSFERRED, the new owner must mail to the Division an affidavit stating that the contract setting forth the conditions of the sale of the school is contingent on a license being issued to the new owner. If this is not provided, the school must close on the date of the transfer and remain closed until a new license is issued. If this is submitted the new owner can continue to operate the school until their new license is issued.
2. A **statement on where the transcripts** from the current school will be maintained.

**INSTRUCTIONS FOR MAKING  
APPLICATION FOR A CHANGE OF LOCATION  
OF A LICENSED COSMETOLOGY SCHOOL**

Please submit items 1, 3, 8, 9 and 10 listed for a new school.

**INSTRUCTIONS FOR MAKING  
APPLICATION FOR AN ON-SITE EXPANSION  
OF A LICENSED COSMETOLOGY SCHOOL**

Please submit items 1, 8, 9 listed for a new school *and*:

1. Submit a statement from the school owner outlining the **purpose of the expansion**.
2. Submit a listing of any and all additional teachers who will be added to the teaching staff as a result of the expansion.

**INSTRUCTIONS FOR MAKING  
APPLICATION FOR AN OFF-SITE EXPANSION  
OF A LICENSED COSMETOLOGY SCHOOL**

An off-site expansion is defined as a separate classroom (not for use as a clinic), not continuously joined, located within 5 miles of the main school site that serves to provide adequate space in which to train an overflow of students.

Please submit items 1, 2, 3, 8, 9 and 10 listed for a new school *and*:

1. Submit a statement from the school owner outlining the **purpose of the expansion**.
2. Submit a listing of any and all additional teachers who will be added to the teaching staff as a result of the expansion.

<h1 style="margin: 0;">COSMETOLOGY SCHOOL APPLICATION</h1>	<p style="margin: 0; font-size: small;">FOR OFFICIAL USE ONLY</p>
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IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

<p>The following materials are included in the Application Package for Registration as a Cosmetology School.</p> <ol style="list-style-type: none"> <li>1. INSTRUCTIONS.</li> <li>2. 4 page COSMETOLOGY SCHOOL APPLICATION.</li> <li>3. SUPPORTING DOCUMENTS (purpose and type described in the Instruction Sheet).</li> </ol>	<p>Carefully follow all steps outlined in the INSTRUCTIONS. In addition, note the following:</p> <ol style="list-style-type: none"> <li>a. Type or print legibly with black ink only.</li> <li>b. Application fee is not refundable.</li> </ol>
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**PART I: APPLICATION CATEGORY INFORMATION**

<p>1. PROFESSION NAME/PROFESSION CODE</p> <p><input type="checkbox"/> Cosmetology School/Private 013</p> <p><input type="checkbox"/> Cosmetology School/Public 015</p>	<p>2. TYPE OF APPLICATION AND FEE</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> New School</td> <td style="text-align: right;">\$500.00</td> </tr> <tr> <td><input type="checkbox"/> Change of Ownership</td> <td style="text-align: right;">\$200.00</td> </tr> <tr> <td><input type="checkbox"/> Change of Location</td> <td style="text-align: right;">\$200.00</td> </tr> <tr> <td><input type="checkbox"/> On-Site Expansion</td> <td style="text-align: right;">\$ 50.00</td> </tr> <tr> <td><input type="checkbox"/> Off-Site Expansion</td> <td style="text-align: right;">\$ 50.00</td> </tr> </table>	<input type="checkbox"/> New School	\$500.00	<input type="checkbox"/> Change of Ownership	\$200.00	<input type="checkbox"/> Change of Location	\$200.00	<input type="checkbox"/> On-Site Expansion	\$ 50.00	<input type="checkbox"/> Off-Site Expansion	\$ 50.00
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<input type="checkbox"/> On-Site Expansion	\$ 50.00										
<input type="checkbox"/> Off-Site Expansion	\$ 50.00										

**PART II: OWNER INFORMATION**

<p>1. TYPE OF OWNERSHIP</p> <p><input type="checkbox"/> Corporation      <input type="checkbox"/> Sole Proprietorship      <input type="checkbox"/> Partnership      <input type="checkbox"/> Limited Liability Company</p>	
<p>2. NAME OF OWNER (as per Part III box 1)</p>	
<p>3. ADDRESS OF OWNER (street address, city, state, Zip Code)</p>	<p>4. TELEPHONE NUMBER OF OWNER (include Area Code)</p>

**PART III: SCHOOL INFORMATION**

<p>1. NAME OF SCHOOL (as it is to appear on license as per assumed name)</p>	
<p>2. ADDRESS OF SCHOOL (street address, city, state, Zip Code-- P.O. Box alone is not acceptable)</p>	<p>3. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER OF PROPRIETOR</p>
<p>5. EMAIL ADDRESS OF SCHOOL</p>	
<p>6. NAME OF CHIEF MANAGING EMPLOYEE</p>	<p>7. THE SCHOOL PREMISES ARE</p> <p style="text-align: center;"><input type="checkbox"/> Owned      <input type="checkbox"/> Leased</p>
<p>8. TELEPHONE NUMBER OF CHIEF MANAGING EMPLOYEE</p>	<p>9. MAXIMUM NUMBER OF STUDENTS WHO WILL BE ENROLLED IN THE SCHOOL AT ANY ONE TIME</p>

10. SCHOOL WILL BE OFFERING THE FOLLOWING COURSES:  Cosmetology  Cosmetology Teacher  
 Barber  Barber Teacher  Esthetics  Esthetics Teacher  
 Hair Braider  Hair Braiding Teacher  Nail Technology  Nail Technology Teacher

11. MAXIMUM NUMBER OF STUDENTS WHO WILL BE ENROLLED IN SCHOOL AT ANY ONE TIME:

12. NAME AND LICENSE NUMBER OF EVERY TEACHER EMPLOYED BY THE SCHOOL:

NAME	BASIC LICENSE NUMBER	TEACHER LICENSE NUMBER

13. NAME, ADDRESS, AND TITLE OF OWNER--Record information for each shareholder, director, and officer of corporation, each member or manager of limited liability company, each member of partnership, or individual owner of sole proprietorship.

NAME	ADDRESS (Street Address, City, State, ZIP Code)	TITLE

14. Are school records maintained on school premises?  YES  NO If not, provide the name and phone number of person responsible for records and Illinois address where school records are maintained.

15. NAME, ADDRESS, AND CURRENT STATUS OF ALL SCHOOLS IN WHICH OWNER HAS PREVIOUSLY OWNED ANY INTEREST:

SCHOOL NAME	SCHOOL ADDRESS (Street Address, City, State, ZIP Code)	CURRENT STATUS

Have any of these schools ever been denied accreditation or licensing, or lost accreditation or licensing from any governmental body or accrediting agency?     Yes     No    *If Yes, attach a detailed explanation.*

**PART IV: CHANGE OF OWNERSHIP**

***When a licensed cosmetology school changes ownership, the new owner is required to file an affidavit with the Division within five working days from the date the title to the school is transferred. The affidavit shall state that the contract is contingent on a cosmetology school license being issued to the new owner.***

1. NAME, ADDRESS, AND LICENSE NUMBER OF SCHOOL BEING PURCHASED:

SCHOOL NAME	SCHOOL ADDRESS (Street Address, City, State, ZIP Code)	SCHOOL LICENSE NUMBER

2. SELLING OWNER'S NAME, ADDRESS AND TITLE--Record information for each shareholder, director, and officer of corporation, each member or manager of limited liability company, each member of partnership, or individual owner of sole proprietorship.

NAME	ADDRESS (Street Address, City, State, ZIP Code)	TITLE

3. Does new owner assume responsibility for maintenance of records for students who attended school under previous owner?  
 YES     NO    *If not, provide the name and phone number of person in charge of records, dates of records, and exact location where records are maintained.*

**PART V: CHANGE OF LOCATION**

1. NAME, ADDRESS, AND LICENSE NUMBER OF CURRENT SCHOOL:

SCHOOL NAME	SCHOOL ADDRESS (Street Address, City, State, ZIP Code)	SCHOOL LICENSE NUMBER

**PART VI: CERTIFYING STATEMENT (Note: This application MUST be signed by the school's chief managing employee and also by each individual owner or owners if a partnership, or each officer and directors if a corporation or LLC.)**

Under penalties of perjury, I (we) declare that I (we) have examined the application and all supporting documentation submitted in connection therewith, and to the best of my (our) knowledge, they are true, correct and complete.

_____	_____	_____
Signature	Title	Date
_____	_____	_____
Signature	Title	Date
_____	_____	_____
Signature	Title	Date
_____	_____	_____
Signature	Title	Date
_____	_____	_____
Signature	Title	Date
_____	_____	_____
Signature	Title	Date
_____	_____	_____
Signature	Title	Date
_____	_____	_____
Signature	Title	Date

**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 required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.



## STUDENT'S RIGHTS

As a STUDENT enrolled in an approved school in the State of Illinois, you have the following RIGHTS:

1. You have the RIGHT to a completed enrollment agreement before you sign it. This means there should be NO blank spaces on the agreement.
2. If the enrollment agreement is negotiated orally in a language other than English, you have a RIGHT to receive a copy of all disclosures written in the language in which the agreement was negotiated prior to signing the enrollment agreement.
3. You have the RIGHT to receive an exact copy of the enrollment agreement which you sign.
4. You have the RIGHT to know the scheduled starting and calculated completion date of your course of study.
5. You have the RIGHT to know the total cost of the course of instruction including any charge made by the school for tuition, books, materials, supplies, and other expenses.
6. You have the RIGHT to cancel your initial enrollment agreement up to midnight of the fifth business day after you have been enrolled.
7. Should you use your RIGHT to cancel your initial enrollment agreement, cancellation MUST be in writing and given to the registered agent, if any, or managing employee of the school.
8. You have the RIGHT to know the number of students who did not complete the course of instruction for which they enrolled for the past calendar year as compared to the number of students who enrolled in the school during the school's past calendar year.
9. You have the RIGHT to keep all hours earned during your course of study. Once hours are earned they cannot be taken away.
10. You have the RIGHT to receive an official transcript upon your graduation or other permanent exit from the school provided you have met all financial obligations set forth in your enrollment agreement.
11. You have a RIGHT to a refund for certain unearned tuition, fees, and other charges. The refund policy is contained in the Illinois Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act of 1985.
12. You have the RIGHT to register complaints against the school with the Department of Financial and Professional Regulation. Direct your written complaints to either COMPLAINT INTAKE UNIT, Department of Financial and Professional Regulation, Division of Professional Regulation, 555 West Monroe Street, Suite 500, Chicago, Illinois 60661. You may also submit a complaint on the Department's Website at [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov), or call the COMPLAINT INTAKE UNIT at (312)814-6910.
13. You may view the Illinois Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act of 1985 and the Rules for the Administration of the Act by visiting <http://www.idfpr.com/profs/cosmo.asp>.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## APPLICATION COMMITMENTS

## SCH-AC

NAME OF SCHOOL (as it is to appear on license)

ADDRESS OF SCHOOL

I (We), being the owners of \_\_\_\_\_  
(Name of School for which application is being made)

do agree to abide by the following commitments during the term of my (our) ownership and operation of the applicant school:

1. To conduct the school in accordance with the Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act and the standards, rules and regulations from time to time established and promulgated thereunder, and to meet the standards and requirements at least as stringent as those required by Part H of the Federal Higher Education Act of 1965;
2. To permit the Department of Financial and Professional Regulation to inspect the school or classes thereof from time to time with or without notice; and to make available to the Department, at any time when required to do so, information including financial information pertaining to the activities of the school required for the administration of the Act and the standards, rules and regulations established and promulgated thereunder;
3. To utilize only advertising and solicitation which is free from misrepresentation, deception, fraud, or other misleading or unfair trade practices;
4. To screen applicants to the school prior to enrollment pursuant to the requirements of the school's regional or national accrediting agency, if any, and to maintain any and all records of such screening. If the course of instruction is offered in a language other than English, the screening shall also be performed in that language.
5. To post in a conspicuous place the statement, as developed by the Department, of student's rights provided under this Act;
6. To provide each student with a signed monthly report showing the actual number of hours earned by the student.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)