

INSTRUCTIONS FOR LICENSED COSMETOLOGY SCHOOLS MAKING APPLICATION FOR APPROVAL TO TEACH HAIR BRAIDING

Existing schools seeking approval to provide hair braiding instruction shall provide 200 square feet of space to accommodate 5 work stations. If attendance exceeds 10 on the clinic floor at any time, an additional 40 square feet is required for each additional work station. The use of this space shall not reduce the square footage for the conduct of the existing licensed school below the minimum requirements.

1. Complete Parts I, II and V of the Application in their entirety.
2. Submit a certified financial statement prepared by a public accountant licensed by the Department under the Illinois Public Accounting Act who is not an employee of the school, indicating sufficient current finances exist to operate the school for at least 3 months.
3. Submit a detailed floor plan of the proposed reallocation of space. The floor plan must be drawn to a scale specified on the drawing and must specify the areas which will be utilized for hair braiding. The floor plan must also indicate the entire area occupied by the school, and must also specify the use of each area.
4. Submit a signed copy of a fire inspection report giving approval for use of the site as a school. Inspection must have occurred within 6 months of application.
5. Submit a copy of the student contract to be used by the school for the hair braiding course(s).
6. Submit a copy of the curriculum which will be followed by the school for the hair braiding course(s).
7. Submit a copy of the school's official transcript which will be used for the hair braiding curriculum(ae).
8. The enclosed Application Commitments must also be completed and submitted.
9. Forward application, supporting documents and \$50.00 fee to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

The Department will schedule an inspection of the school premises after the application, fee and all supporting documents have been properly completed and filed. **THE SCHOOL MAY NOT SOLICIT STUDENT ENROLLMENT OR BEGIN INSTRUCTION IN HAIR BRAIDING UNTIL THE SCHOOL HAS RECEIVED WRITTEN NOTICE OF APPROVAL FROM THE DEPARTMENT.**

IF ASSISTANCE IS NEEDED, DIRECT YOUR REQUEST TO 1-800-560-6420.

LICENSED COSMETOLOGY SCHOOL APPLICATION FOR APPROVAL TO TEACH HAIR BRAIDING

FOR OFFICIAL USE ONLY

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.

The following materials are included in the Application Package.

1. SCHOOL APPLICATION.
2. SUPPORTING DOCUMENTS (Purpose and type described in the Instruction Sheet.)
3. INSTRUCTION SHEET.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- a. Type or print legibly with black ink only.
- b. Application fee is not refundable.
- c. Complete the full name and address of the Licensed School. Post Office Box numbers are not acceptable.

PART I: Application Category Information

1. PROFESSION NAME <input type="checkbox"/> Cosmetology School/Private 013 <input type="checkbox"/> Cosmetology School/Public 015	2. LICENSE NUMBER OF SCHOOL TO BE UPGRADED	3. TYPE OF APPLICATION <p style="text-align: center;">Upgrade to Teach Hair Braiding</p>	4. FEE <p style="text-align: center;">\$50.00</p>
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PART II: Applicant Identifying Information

1. NAME OF SCHOOL (As it is to appear on license.)	2. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SSN OR ITIN OF PROPRIETOR
3. ADDRESS OF SCHOOL (Street Address, City, State, ZIP Code - P.O. Boxes are not acceptable)	4. SCHOOL TELEPHONE NUMBER (Include Area Code)
6. COUNTY	5. E-MAIL ADDRESS (REQUIRED)
8. NAME OF CHIEF MANAGING EMPLOYEE	7. DATE SCHOOL PREMISES WILL BE READY FOR INSPECTION ____ / ____ / ____ <small>Month / Day / Year</small>
10. HOME ADDRESS OF CHIEF MANAGING EMPLOYEE (Street Address, City, State, ZIP Code)	9. TELEPHONE NUMBER OF CHIEF MANAGING EMPLOYEE (Include Area Code)
13. THIS SCHOOL WILL BE OFFERING THE FOLLOWING COURSES: <input type="checkbox"/> Basic Hair Braiding <input type="checkbox"/> Hair Braiding Teacher	11. THE SCHOOL PREMISES ARE: <input type="checkbox"/> Owned <input type="checkbox"/> Leased
15. WILL SCHOOL RECORDS BE MAINTAINED ON SCHOOL PREMISES? <i>If "NO," indicate exact location where school records will be maintained.</i>	12. TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Public Owned School
14. MAXIMUM NUMBER OF STUDENTS WHO WILL BE ENROLLED IN THE SCHOOL AT ANY ONE TIME: <p style="text-align: center;">_____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

18. PREVIOUS OWNERSHIP - Indicate names, addresses and current status of all schools in which any owner, partner, stockholder or director owns or has previously owned any interest.

NAME OF SCHOOL	ADDRESS (Include Street Address, City, State, ZIP Code)	STATE OF LICENSURE	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 III: To Be Completed for Change of Ownership

1. NAME OF SCHOOL BEING PURCHASED	2. SCHOOL LICENSE NUMBER
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3. LIST NAMES AND ADDRESSES OF OWNERS, PARTNERS, STOCKHOLDERS OR DIRECTORS OF SCHOOL NAMED IN NUMBER 1 ABOVE.

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

4. WILL NEW OWNERS ASSUME RESPONSIBILITY FOR MAINTENANCE OF RECORDS OF STUDENTS WHO ATTEND THIS SCHOOL UNDER PREVIOUS OWNERSHIP? YES NO

If "NO," provide the name and telephone number of contact person in charge of records, dates of records, and exact location where records will be maintained.

Name of School:

FEIN OR SS# OR ITIN:

Profession Name:

HAIR BRAIDING

PART IV: To Be Completed for Change of Location

1. SCHOOL'S CURRENT ADDRESS (Include Street Address, City, State, ZIP Code)

2. SCHOOL'S CURRENT LICENSE NUMBER

Name of School:

PART V: 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 officer and directors of the corporation.)

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FEIN OR SS# OR ITIN:

Profession Name:

HAIR BRAIDING

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.