



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
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WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR REGISTRATION OF PRIVATE SCHOOL
INSTRUCTION SHEET**

When to File an Application

File this application when:

- you are opening a **new** private school that will offer a program on any discipline regulated by the Board of Cosmetology and Barbering
- the **ownership** of an existing licensed school is changing (regardless of *whether the school's name is changing*).
- an existing school is changing its **name** (regardless of *whether the owner is changing*).
- an existing licensed school is **moving** to another location.

Before filing this application...

- Obtain a certificate of approval from the Delaware Department of Education. To apply, see [Private Business and Trade Schools](#) on the Department of Education's website.
- Obtain a business license from the Division of Revenue for the school. To apply, visit www.revenue.delaware.gov or call 302-577-8778.
- You may be required to obtain a town/city business license for a school operating in its jurisdiction. Contact the town or city for more information.

Requirements for All Applications

- Submit completed, signed and notarized [Application for Registration of Private School](#).
- Enclose [processing fee](#) by check or money order made payable to "State of Delaware." Applications received without the required fee will be rejected.
- Enclose detailed floor plan on 8 ½" x 11" paper or blueprints.
- Enclose a list of the equipment to be used and its location within the school.
- Enclose copy of the school's Delaware [Division of Revenue business license](#). A business license is required *in addition to* the professional license.
- Enclose copy of business license issued by city of Wilmington, Dover, Rehoboth Beach or any other municipality that requires a town/city business license.
- Enclose a copy of your Delaware [Department of Education certificate of approval](#).

All persons instructing at the school must hold the appropriate Delaware professional license as an Instructor.

All schools operating in Delaware must comply with the Division of Public Health's *Rules and Regulations* on sanitation. See [Sanitation Regulations](#).



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APPLICATION FOR REGISTRATION OF PRIVATE SCHOOL

TYPE OF APPLICATION

1. Check the item that describes why you are filing this application (check one):

New School— I am opening a new school.

Ownership Change – The ownership of an existing licensed school is changing.

- Name of school as it appears on the **current** license: _____
- Professional license number from **current** license: **M6** - _____

If approved, a new license number will be issued.

Change of Name – The existing licensed school name is changing.

- Name of school as it appears on the **current** license: _____
- Professional license number from **current** license: **M6** - _____

If approved, a new license number will be issued.

Relocation – An existing licensed school has relocated but the ownership has not changed. The Board must approve this application **before** the new location opens.

- Name of school as it appears on the **current** license: _____
- Professional license number from **current** license: **M6** - _____
- Anticipated date of school opening: _____

If approved, the existing license number will be transferred to the new location.

CONTACT AND LOCATION INFORMATION

2. Business Name: _____
If you are reporting a name change, this is the *new* name.

3. Address of **Physical** Location of School: _____
Street (No PO Boxes) If you are reporting relocation, this is the *new* location.

City DE Zip

4. Phone: _____ Email: None _____
daytime evening or cell

5. **Mailing** Address (if different): _____
Street

City State Zip

OWNERSHIP AND MANAGEMENT INFORMATION

6. Owner Name(s): _____
7. Owner Mailing Address: _____
Street
- _____ City _____ State _____ Zip
8. Name of Licensed Professional in Charge of School: _____
9. Delaware Professional License Number of Professional-in-Charge: ____ - _____
10. Professional-in-Charge Address: _____
Street
- _____ City _____ State _____ Zip
11. Professional-in-Charge Phone: _____ Email: _____

INSTRUCTORS

12. Enter the names and Delaware license numbers of all instructors: **NAME** **PROFESSIONAL LICENSE**
- _____ - _____
- If you need more room, enclose a separate sheet. _____ - _____
- _____ - _____
- _____ - _____
- _____ - _____
13. Do *all* persons who will provide *any type of instruction* to students at the school hold a Delaware professional license? **Yes** **No**

LICENSURE, CERTIFICATION AND ACCREDITATION

14. Does the town/city where the school is located require a business license? **Yes** **No**
- Submit a copy of the school’s Delaware Division of Revenue Business License and business licenses from the city of Wilmington, Dover, Rehoboth Beach or any other municipality that requires a town/city business license.**
15. Has the school received official approval of certification from the State of Delaware Department of Education? **Yes** **No**
- Enclose a copy of your certificate of approval from the Delaware Department of Education.**

16. Has the school received official certification/accreditation from the U.S. Government? **Yes** **No** **If yes, complete the information at right about the accreditations/certifications received:**

TYPE OF ACCREDITATION/CERTIFICATION	DATE RECEIVED

17. If the school has not received accreditation/certification, have you applied for federal accreditation/certification? **Yes** **No** **If yes, when did you apply:** _____

Submit a detailed floor plan on 8 1/2” x 11” paper or blueprints. Also, enclose a list of the equipment to be used and its location within the school.

AFFIDAVIT

I certify that the information I give in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Applicant Signature: _____ Date: _____

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public: _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.