

Oregon Health Licensing Agency



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Board of Cosmetology

Application*	(1269)	\$15
Temp. Permit Fee	(1824)	\$35
TOTAL FEES		\$50
*Application fee is non-refundable. Submit fees and application together.		
AMOUNT REC'D	_____	INT. _____
CSH/ V/ MC/ CK/ MO: _____		
o OTC		
Temporary Facility Permit # _____		

FEE \$50

TEMPORARY FACILITY PERMIT APPLICATION

Name of facility *(As filed with the Secretary of State, Corporation Division)* **Scheduled opening date**

Facility location *(Please include suite, space or room # if applicable)* **City** **State** **Zip Code**

Business phone # **Home phone #**

Facility mailing address *(If mail can not be delivered to the physical location of the facility)*

Owner *(Not the landlord)* *Do you practice at this facility?* Yes No **Social Security #** **Practitioner Certificate #**

Co-owner *(If applicable)* *Do you practice at this facility?* Yes No **Social Security #** **Practitioner Certificate #**

Registered agent *(if corporation)* *Do you practice at this facility?* Yes No **Social Security #** **Practitioner Certificate #**

Temporary Facility Permit effective date: _____ Expires 30 days from the effective date.

Date(s) and times facility will be in operation: _____

Please check the services that will be performed in the facility:

() Hair Design () Facial Technology () Nail Technology () Barbering

Names and license/ registration numbers of all practitioners and independent contractors working in this location:

Supervising Practitioner I will be working as a Practitioner Certificate # Independent Contractor #

Practitioner Name I will be working as a Practitioner Certificate # Independent Contractor #

Practitioner Name I will be working as a Practitioner Certificate # Independent Contractor #

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Practitioner Name I will be working as a Practitioner Certificate # Independent Contractor #

(Use additional page(s) if necessary.)

TEMPORARY FACILITY DEFINED: As defined in OAR 817-05-0005 (16) a **temporary facility permit** means a written authorization issued under ORS 690.055 to provide services on a temporary basis in one or more field of practice. A temporary facility shall comply with requirements for facilities stated ORS 690.055(4), in Division 10, 20 and 40 of OAR 817, including OAR 817-10-014 (water supply requirements), 817-10-021 (1) (toilets), 817-10-090 (use of drinking cups) and 817-20-0015 which states that the facility permit holder shall notify the Board in writing of any changes in dates of operation, at least 5 calendar days before operating the facility.

To be issued a temporary facility permit, each applicant must:

- (a) Operate the facility on a temporary basis for a period not to exceed 30 consecutive calendar days and in accordance with rules of the Board.
- (b) Be 18 years of age or older.
- (c) Be under the direct supervision of a practitioner at all times the facility is open for business.
- (d) Apply on forms prescribed by the Board prior to opening for business.
- (e) Comply with the rules of the Board concerning health, safety and sanitation.
- (f) Comply with the applicable health and safety laws and rules of the Department of Human Services and any other state agencies.
- (g) Pay the appropriate application and permit fees as determined by the Board

INSTRUCTIONS

Please draw a map/floor plan of the temporary facility premises in the space provided below. (If located at a fair, carnival, etc. please draw a map to the location of the temporary facility within the event.)

The floor plan must show the following:

The facility premises in detail:

The location of the toilet facility:

The location of the facility water supply (must be in the facility – Note: Restrooms are unacceptable): and

The location of each booth or workstation.

Check off List

- Submit completed, signed application.
- Submit the \$15 application and \$35 permit fees.
- Submit a map of the facility.

I have examined this application and attached documents, and certify that they are true, correct and complete. I understand that knowingly making a false statement in this application will be cause for denial, suspension, or revocation of this registration. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Agency.

Signature of owner/ registered agent

Date

Signature of co-owner

Date