



# OHIO STATE COSMETOLOGY AND BARBER BOARD

To protect and support the public through regulation and education, while promoting the integrity of the cosmetology and barbering industries.

1929 GATEWAY CIRCLE GROVE CITY, OHIO 43123

PHONE: (614) 466-3834 [WWW.COS.OHIO.GOV](http://WWW.COS.OHIO.GOV)

## Temporary Special Occasion Permit Application

**FEE: \$50.00**

**Once submitted, Fee is required to be paid through the online portal.**

Complete the information below, save to your computer, and submit this form and the required documentation through the <https://elicense.ohio.gov> portal. Login to your business account, Click "Options", select "Submit Additional Documentation", and follow the instruction to SAVE and UPLOAD this form and the documentation.

### Required Documentation for Guest Stylist:

- Copy of their current, valid cosmetology or branch of cosmetology license or certification from the state or country it was issued.
- Copy of a current, valid identification
- Copy of a Work Visa and Passport if guest resides outside the United States

**NOTE: Special occasion/Guest Stylist must be sponsored by a licensed salon or school. Business is eligible for one temporary special occasion permit per individual per year.**

Name of Guest Stylist: \_\_\_\_\_

Select **only one** of the following occasion

Fashion Show \_\_\_\_\_ Hair Show \_\_\_\_\_ CE Class \_\_\_\_\_ Other \_\_\_\_\_ (MUST SPECIFY)

Dates of Appearance: \_\_\_\_\_ to \_\_\_\_\_ **Cannot Exceed 30 Thirty Days**

Location of Event (Name & Address): \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio Zip Code: \_\_\_\_\_ Salon License # \_\_\_\_\_

### BUSINESS CONTACT INFORMATION

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_