



**Virginia Board for Barbers and Cosmetology**  
**LIMITED TERM TATTOO PARLOR LICENSE APPLICATION**  
 Fee \$130.00

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed [credit card insert](#) must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

**LICENSE IS EFFECTIVE FOR ONLY FIVE CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.**

1. Registered Name of Parlor \_\_\_\_\_
2. Trade, "Doing Business As" (DBA), or Fictitious Name<sup>▲</sup> of Parlor \_\_\_\_\_  
 ▲ All business entities with DBA and Fictitious names must attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).
3. Select **one** of the following and provide the information below.
  - Business Federal Employer Identification Number (FEIN)<sup>❖</sup>       -   
 Federal Employer Identification Number (12-3456789)
  - ❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*
  - Sole Proprietor's/Individual's* Social Security Number **or**       -  -   
 Social Security or Virginia DMV Number (123-45-6789)
  - Virginia Department of Motor Vehicles Control Number<sup>\*</sup>
  - \* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
4. Mailing Address (PO Box accepted) \_\_\_\_\_  
 If a mailing address is submitted, the mailing address will be printed on the license.  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Street Address (PO Box not accepted) \_\_\_\_\_  
**PHYSICAL ADDRESS REQUIRED**  
 Check here if Street Address is the same as the Mailing Address listed above.  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Email Address \_\_\_\_\_
7. Contact Numbers \_\_\_\_\_  
 Primary Telephone      Alternate Telephone      Fax
8. Scheduled dates of operation in Virginia    From: \_\_\_\_\_ To: \_\_\_\_\_  
 MM/DD/YYYY      MM/DD/YYYY

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OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1235	

9. Enter the following information for each owner (sole proprietor, general partners, association members) of the limited term tattoo parlor.

Full Name	Address	Birth Date	Social Security No. or VA DMV Control Number*

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

10. Has the parlor or any of the owners ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?  
 No   
 Yes  If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
11. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing denied by any (including Virginia) local, state or national regulatory body?  
 No   
 Yes  If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
12. Have you ever been convicted in any jurisdiction of a *misdemeanor and/or felony*? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.  
 No   
 Yes  If yes, applicants are required to attach an *original criminal history record*\* issued by the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original official criminal history record from each state in which they have convictions. Virginia residents may request complete criminal records from the Virginia State Police at [www.vsp.virginia.gov](http://www.vsp.virginia.gov) or by phone at 804-674-6718.

\* For each conviction, please provide a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation etc.).

13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if the salon/shop/spa/parlor or any owner are subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that the salon/shop/spa/parlor and its owners have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Tattooing Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_