



Department of Professional and Occupational Regulation
PROPOSED - PENDING APPROVAL

**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 FIVE CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

- Registered Name of Parlor _____
- Trade, "Doing Business As" (DBA), or Fictitious Name[▲] 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).
- Provide **one** of the following identification numbers*:
 Business Federal Employer Identification Number (FEIN) [] [] - [] [] [] [] [] [] [] [] [] []
Federal Employer Identification Number (12-3456789)
 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
 ➤ Enter the same identification number as used on previous applications or licenses on file with the department.
 * State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
- Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license.
 City _____ State _____ Zip Code _____
 Check here if Street Address is the same as the Mailing Address listed above.
- Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED
 City _____ State _____ Zip Code _____
- Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____
- Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.
- Scheduled dates of operation in Virginia From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

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

PROPOSED - PENDING APPROVAL

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

9. List all member of **Responsible Management** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of the business/organization).

Individual's Full Legal Name	Title	Address	Social Security No. or VA DMV Control No.*	Date of Birth

* 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 this **Business/Organization** or any member of **Responsible Management** 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. Has this **Business/Organization** or any member of **Responsible Management** 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. A. Has this **Business/Organization** or any member of **Responsible Management** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 20 years? *Any plea of nolo contendere shall be considered a conviction.*
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Has this **Business/Organization** or any member of **Responsible Management** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor involving moral turpitude, sexual offense, drug distribution or physical injury** within the last two (2) years? *Any plea of nolo contendere shall be considered a conviction.*
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).
13. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.

PROPOSED - PENDING APPROVAL

- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Tattooing Regulations*.

Member of **Responsible Management**:

Print Name _____ Title _____

Signature _____ Date _____