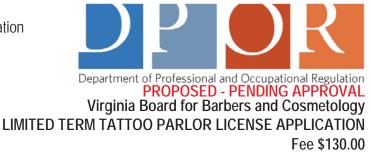
Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8509 www.dpor.virginia.gov



A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

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

1. Registered Name of Parlor

| 2. | Trade, "Doing Busine: ▲ All business entities w be conducted (if requi | vith DBA and Fictitious nam | | | cate filed with the | Clerk of the Co | ourt in the locality | v where business will |
|---|--|-----------------------------|-------------------------|--------------------|---------------------------|-------------------|----------------------|-----------------------|
| 3. | Provide <u>one</u> of the fol | lowing identification | numbers*: | | | | | |
| | | Employer Identification | | EIN) | Federal Emplo | ver Identificatio | n Number (12-34 | 56789) |
| | Sole Proprietor's/Individual's Social Security Number or | | | or | | - | - | |
| | Virginia Department of Motor Vehicles Control Number | | | er | Social Securit | y or Virginia DN | IV Number (123- | 45-6789) |
| | Enter the same identifi | ication number as used on p | previous applicati | ons or licenses on | file with the depar | rtment. | | |
| * State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department | | | | | | | | |
| 4. | Mailing Address (PO The mailing addres printed on the lid | ss will be | City | | | | State | Zip Code |
| 5. | Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED | | | here if Street Add | ress is the <u>same</u> a | as the Mailing A | ddress listed abo | ve. |
| | | | | | | | | |
| | | | City | | | | State | Zip Code |
| 6. | Contact Numbers | | | | | | | |
| | Primary Teleph | | one Alternate Telephone | | | Fax | | |
| 7. | Email Address | | | | | | | |
| | | Email addres | s is considered | a public record a | and will be discl | osed upon req | uest from a thir | rd party. |
| 8. | Scheduled dates of op | peration in Virginia | From: | MM/DD/YYYY | To: | M | M/DD/YYYY | _ |
| | | | LICENSE IS FEE | FCTIVE FOR FIV | E CONSECUTIVI | DAYS PRIOR | TO THE EXPIR | ATION DATE |

PROPOSED - PENDING APPROVAL

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

PROPOSED - PENDING APPROVAL

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 <u>disciplinary</u> <u>action</u> taken by <u>any</u> (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 <u>denied</u> 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 <u>felony</u> within the last 20 years? *Any plea of nolo contendere shall be considered a conviction.*
 - No 🗌
 - Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>
 - 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 <u>misdemeanor</u> 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.*

- 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.

No 🗌

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 | | |