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



Virginia Board for Barbers and Cosmetology SCHOOL REINSTATEMENT APPLICATION

Fee \$280.00

		order payable to the <u>TREASURER OF VIRGINIA</u> , rd insert must be mailed with your application packa	iqe.			
		ATION FEES ARE NOT REFUNDABLE.	5			
1.	Virginia License Number	Expiration Date				
2.	School/Business Entity/Sole Proprietor Na	ame				
3.	Trade, "Doing Business As" (DBA) or Fict	iitious Name				
	▲ <u>Attach a copy of the certificate filed with the</u>	Clerk of the Court in the locality where business will be condu-	cted (if required by the locality).			
4.	A. Type of business entity (select only	<u>one</u>)				
	Sole Proprietorship Gener	ral Partnership 🔄 Solely Owned LLC 🔶 🔄 Corpora	tion [◆]			
		d Liability Company Cother, please specify: nment Agency, Joint Venture, Limited Liability Partnership, Nor e Proprietor (Non-Broker Owned)	Profit, Professional Corporation,			
	B. State Corporation Commission Number	: (If applicable)				
	the Virginia State Corporation Commission under the laws of the Commonwealth of Virg trade or fictitious names with the State Corp	ability company, or limited partnership, your business/trade (including all out-of-state businesses). Firm/Businesses shall b ginia or otherwise authorized to transact business in Virginia. F oration Commission or the clerk of court in the county or jurisd act the SCC at <u>www.scc.virginia.gov</u> or by phone at (804) 371-9	be organized as business entities irm/Businesses must register any iction where the business is to be			
5. Provide <u>one</u> of the following identification numbers*:						
	Business Federal Employer Identification	on Number (FEIN)	Number (12-3456789)			
	Sole Proprietor's/Individual's Social Sec					
	<u>Virginia</u> Department of Motor Vehicles		V Number (123-45-6789)			
		previous applications or licenses on file with the department. sole proprietor or solely owned LLC, to provide a federal employer ide	ntification number Sale propriator or			
		provide a social security number or <i>a control number issued by the Vir</i>				
6.	Mailing Address (PO Box accepted)					
	The mailing address will be					
	printed on the license.	City	State Zip Code			
7.	Street Address (PO Box <u>not</u> accepted)	dress listed above.				
	PHYSICAL ADDRESS REQUIRED					
		City	State Zip Code			
8.	Contact Numbers Primary Telep	hone Alternate Telephone	Fax			
9.	Email Address		ιun			
7.		s is considered a public record and will be disclosed upon requ	uest from a third party.			
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FINAL - APPROVED 2017

	OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
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FINAL - APPROVED 2017

Expiration Date

 List all members 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).

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 <u>Virginia</u> Department of Motor Vehicles.

11. Does the school receive compensation for services provided for its clinic?

No	
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Yes 🔲 If yes, provide the Virginia salon, shop, spa or parlor license number and expiration date.

VA License Number											
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12. List each **Instructor** who will be employed by the school, their professional type and Virginia license number:

Full Name	Professional Type	Virginia License Number

- 13. 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? This includes, but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of license.
 - No 🗌

Yes If yes, complete the Disciplinary Action Reporting Form.

- 14. Has this **Business/Organization** or any member of **Responsible Management** ever been refused or <u>denied</u> a business, professional or occupational license, certification, or registration as a practitioner or instructor in the fields of barbering, cosmetology, nail care, waxing, esthetics, body-piercing or tattooing by any (including Virginia) local, state or national regulatory body?
 - No 🗌
 - Yes If yes, complete the <u>Denial of Licensure Reporting Form</u>.
- 15. 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 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 <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.*

No 🗌

Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.

16. List your reasons for failing to renew your license. If additional space is needed, attach a separate sheet of paper.

- 17. 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 desire. I also agree to present any credentials or documents required or requested by the Department.
 - 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 and Esthetics Regulations.*
 - I, also certify on behalf of the school and its owner's, that all students currently enrolled or seeking to enroll at the school listed above have been notified in writing that the school's license has expired.

Print Name	Title	
Signature		Date