

**Virginia Board for Barbers and Cosmetology
 SCHOOL REINSTATEMENT APPLICATION**

Fee \$280.00

**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.

1. Virginia License Number Expiration Date _____
2. School/Business Entity/Sole Proprietor Name _____
3. Trade, "Doing Business As" (DBA) or Fictitious Name [▲] _____

▲ 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).

4. A. Type of business entity (select only **one**)
- Sole Proprietorship General Partnership Solely Owned LLC [♦] Corporation [♦]
- Limited Partnership [♦] Limited Liability Company [♦] Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

B. State Corporation Commission Number: _____ (If applicable)

♦ If your business is a corporation, limited liability company, or limited partnership, your business/trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission or the clerk of court in the county or jurisdiction where the business is to be conducted. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

5. 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.**

6. Mailing Address (PO Box accepted) _____

The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

7. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above. _____

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

8. Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____

9. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

FINAL - APPROVED 2017

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

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 _____