

Virginia Board for Barbers and Cosmetology
SCHOOL LICENSE APPLICATION

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.

Select the license(s) you are requesting:

<input checked="" type="checkbox"/>	License Type	Trans	Fee
<input type="checkbox"/>	1303 - Barber School	1020	\$220
<input type="checkbox"/>	1303 - Licensed Barber School adding a Barber Instructor Program	9007	\$100
<input type="checkbox"/>	1205 - Cosmetology School	1020	\$220
<input type="checkbox"/>	1205 - Licensed Cosmetology School adding a Nail Technician Program	9007	\$100
<input type="checkbox"/>	1205 - Licensed Cosmetology School adding a Wax Technician Program	9007	\$100
<input type="checkbox"/>	1205 - Licensed Cosmetology School adding an Instructor Program	9007	\$100
<input type="checkbox"/>	1209 - Nail Technician School	1020	\$220
<input type="checkbox"/>	1209 - Licensed Nail Technician School adding an Instructor Program	9007	\$100
<input type="checkbox"/>	1219 - Waxing School	1020	\$220
<input type="checkbox"/>	1219 - Licensed Waxing School adding an Instructor Program	9007	\$100
<input type="checkbox"/>	1251 - Tattooing School	1020	\$220
<input type="checkbox"/>	1252 - Permanent Cosmetic Tattooing School	1020	\$220
<input type="checkbox"/>	1267 - Esthetics School	1020	\$220
<input type="checkbox"/>	1267 - Licensed Esthetics School adding an Instructor Program	9007	No Fee

1. Name of School _____

2. Trade, "Doing Business As" (DBA), or Fictitious Name [▲] of School _____

▲ 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. Type of business entity (select only one)

- Sole Proprietorship
 Limited Partnership ♦
 Limited Liability Company ♦
 Other, please specify: _____
 Association
 General Partnership
 Corporation ♦

State Corporation Commission Number: _____

♦ 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. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

4. Select one of the following and provide the information below.

Business Federal Employer Identification Number (FEIN) ❖

-
 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 *

* 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.

Office Use Only	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE

5. Mailing Address (PO Box accepted) _____
 If a mailing address is submitted, the mailing address will be printed on the license.
 City _____ State _____ Zip Code _____

6. 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 _____

7. Email Address _____

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

9. Does the school receive compensation for services provided for its clinic?
 No
 Yes If yes, provide the Virginia salon, shop, spa or parlor license number and expiration date.
 VA License Number
 Expiration Date _____

10. Instructor's Name _____
 Last _____ First _____ Middle _____ Generation _____

11. Instructor's Virginia License Number*
 Expiration Date _____
* Applicable Barber, Cosmetology, Nail Technician, Wax Technician, Tattooer, Permanent Cosmetic Tattooer or Esthetician License Number

12. Enter the following information for each owner (sole proprietor, general partners, association members) of the school:

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.

13. Has the school or any owner 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.

14. Has the school or any of the owners 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.state.va.us 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.).

15. 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 school or any owner is 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 school 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, Wax Technician, Tattooing and Esthetics Regulations as applicable.

Signature _____ Date _____

Important Curriculum Package Instructions

In addition to the School License Application, you are required to submit a curriculum including, but not limited to, the information listed below. Applications lacking the required information will be rejected and returned. Should you have any questions or require additional clarification, please contact the board staff at (804) 367-8509.

PHOTOCOPIES OF OUTLINES, GLOSSARIES AND OTHER INFORMATION FROM TEXTS AND BOARD REGULATIONS WILL NOT BE ACCEPTED!

1. **Course syllabus**
The course syllabus should contain an outline and brief statement of the main points of the text, lecture and course of study.
2. **Detailed course outline**
The outline shall include, but not be limited to those items set out in the applicable regulations (e.g., Board for Barbers and Cosmetology Regulations, Wax Technician Regulations, Tattooing Regulations, Esthetics Regulations).
3. **Sample of five lesson plans**
The lesson plans must be *actual* lesson plans that will be used in the instruction of students at the school applying for licensure. Previously approved lesson plans for other schools will not be accepted. Should your lesson plan indicate that it was developed for any purpose other than this application, it will be rejected.
4. **Sample of evaluation methods to be used**
Explain and provide examples of how students will be evaluated for grading and progress report purposes. Please include both the written and practical portions of the program.
5. **Breakdown of hours and/or performances for all courses to be taught that will lead to licensure**
This material may be included in the detailed course outline (#2).
6. **Example of the method by which performance will be recorded**
7. **Sketch of the school floor plan**
This sketch must include the classroom and clinic areas within the school.
8. **Days and hours of operation**
9. **An example of a test you will administer to students**
10. **Esthetics schools that award credit in accordance with Section 18VAC41-70-190.D. of the Esthetics Regulations, must submit copies of the assessment policy, method of evaluation of transcripts, and the examination to be used in making the assessment.**