



\* 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) \_\_\_\_\_  
 PHYSICAL ADDRESS REQUIRED \_\_\_\_\_  
 Check here if Street Address is the same as the Mailing Address listed above.

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.

10. 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.

11. 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? 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 a license.

No   
 Yes  If yes, complete the [Disciplinary Action Reporting Form](#).

12. Has this **Business/Organization** or any member of **Responsible Management** ever been refused or **denied** a business, professional or occupational license, certification, or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing by any (including Virginia) local, state or national regulatory body?

No   
 Yes  If yes, complete the [Denial of Licensure Reporting Form](#).

13. 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** been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** 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](#).

14. 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.
- 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, Body Piercing, Tattooing, and Esthetics Regulations*.

**Signatures for all Responsible Management is required:**

(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 a corporation)

1. Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

3. Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

4. Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

5. Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

(Photocopy this sheet if additional signatures are needed.)