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



Department of Professional and Occupational Regulation FINAL - APPROVED 2017

Virginia Board for Barbers and Cosmetology

SALON, SHOP, SPA & PARLOR LICENSE/REINSTATEMENT APPLICATION

If your license expired more than 2 years ago, YOU CAN <u>NOT</u> REINSTATE your license. Instead, you must re-apply as a new (Initial) applicant.
A check or money order payable to the TREASURER OF VIRGINIA,

or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select one license type you are requesting:

	License Type	Initial (1020)	Reinstatement (4020)	License Type	Initial (1020)	Reinstatement (4020)	
	51	\$130.00	\$260.00	51	\$130.00	\$260.00	
	1304 - Barber Shop			1238 - Permanent Cosmetic Tattoo Salon			
	1202 - Cosmetology Salon			1242 - Body Piercing Salon			
	1208 - Nail Salon			1246 - Body Piercing Ear Only Salon			
	1218 - Waxing Salon			1266 - Esthetics Spa			
	1232 - Tattoo Parlor						
1.	Provide a <i>current or pre</i> and Cosmetology - (if ap		sued license	as a Shop, Salon, Parlor, or Spa	issued by	the Board for	Barbers
	Virginia License Numbe	r		Expl	ration Date	9	
2.	Business or Sole Propriet	or Name					
	A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names must be the same as the name on your government issued ID or organization/business documents.						
3.	Trade, "Doing Business A	s" (DBA) o	r Fictitious Na	me ⁺			
	▲ <u>Attach a copy of the cert</u>	ificate filed wi	th the Clerk of th	e Court in the locality where business will be	e conducted ((if required by the	locality).
4.	A. Type of business entity (select only <u>one</u>)						
	Sole Proprietorshi	р 🗌 (General Partner	rship 🔄 Solely Owned LLC 🔶 🔄 🤇	Corporation	•	
	Limited Partnershi	ip 🔶 🗌 l	_imited 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)					Corporation,
	B. State Corporation Cor	nmission Nu	imber:	(If app	licable)		
	• 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 <u>www.scc.virginia.gov</u> or by phone at (804) 371-9733.						
				nt of partnership filed with the clerk of the c Virginia State Corporation Commission.	ourt in the loc	cality where busir	ness will be
5.	Provide one of the followi	ng identific	ation numbers	5*:			
	Business Federal Em	ployer Ident	ification Numbe	er (FEIN)	ntification Num	ber (12-3456789)	
	Sole Proprietor's/Indiv	<i>idual's</i> Soci	al Security Num		-		
	 <i>Virginia</i> Department (5		ginia DMV Nur	mber (123-45-6789)]
	 Enter the same identification 	n number as us	ed on previous app	plications or licenses on file with the department.	J	,	
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* 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 The mailing addre printed on the li	ss will be	City		State	Zip Code
		Box <u>not</u> accepted) ESS REQUIRED		Check here if Street Address is the same as the Mailing	•	
			City		State	Zip Code
8.	Contact Numbers					
		Primary Teleph	hone	Alternate Telephone	I	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 <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 a license.
 - No 🗌
 - Yes 🔲 If yes, complete the <u>Disciplinary Action Reporting Form</u>.
- 12. 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, waxing, nail care, 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>.
- 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 <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** been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> 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>.

- 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		
	Signature		Date
4.	Print Name	Title	
	Signature		Date
5.	Print Name	Title	
	Signature		Date
		(Photocopy this sheet if additional signatures are needed.)	