Commonwealth of Virginia Department of Professional and Occupational Regulation Post Office Box 29570 Richmond, VA 23242-0570 (804) 367-8509 www.dpor.virginia.gov



Virginia Board for Barbers and Cosmetology SALON, SHOP, ŠPA & PARLOR LICENSE APPLICATIONŠ FEE \$115.00

APPLICATION FEES ARE NOT REFUNDABLE
A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card payment form (available at http://www.dpor.virginia.gov/dporweb/creditcard.cfm) must accompany your application package.

Select the license you are requesting. Select only **one**

X	License/Certificate	
	Barber Shop	1304
	Cosmetology Salon	1202
	Nail Salon	1208
	Waxing Salon	1218
	Hair Braiding Salon	1223
	Tattoo Parlor	1232
	Permanent Cosmetic Tattoo Salon	1238
	Body Piercing Parlor	1242
	Body Piercing (Ear Only) Parlor	1246
	Esthetics Spa	1266

- All corporations and limited liability companies and limited partnerships must register with the Virginia State Corporation Commission (including any trade/fictitious names) prior to applying for licensure with the Virginia for Barber and Cosmetology.
- General Partnerships must attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission.
- Business entities, trading under fictitious names, which are not corporations, must attach a copy of the certificate filed with the clerk of the court in the locality where business will be conducted.

1.	Business or Reg	jistered Namε	3 :							
2.	μ	All trade/fictitiou	ous names must a	 also be registere	ed with the Virgini	ia State Corporation Con	mmission.			
3.	Type of Business	s (select only	one)							
	Sole Proprieto	orship 🔲	Genera	al Partnership		Corporation ◆				
	Association ◆ If your bus registered	siness is a corp I with the Virgir	poration, limited	Partnership · liability companation Commission	ny or limited partn	Limited Liability Conership, your business/ I information, contact th	trade name(s	s) must be 14)-371-9733.		
4.	Federal Employe	ee Identification	on Number							
5.	5. Street Address (PO Box <u>not</u> accepted)									
	PHYSICAL ADDRESS REQUIRED									
6. Mailing Address (PO Box accepted)				City			State	Zip Code		
			_		City		State	Zip Code		
FOR OFFICI USE	CE	\$115	TRANS CODE 1020	ENTITY#	APPLICATION #	FILE# / LICEN	ISE#	ISSUE DATE		

7.	E-mail Address							
8.	Contact Numbers							
		Primary Telephone		Alternate Telephone		Facsimile		
9.	Enter the name, address, birth date and Social Security Number or Virginia DMV Control Number $*$ for each owne (sole proprietor, general partners, and association members) of the salon, shop, spa or parlor. Corporate, Limited Partnership and Limited Liability Company names should be entered on page 1, items #1 and #2.							
	Last Name	First Name	MI	Address	Birth Date	Social Security Number or VA DMV Control Number *		
	State law requires every ap occupation issued by the Co Vehicles.	plicant for a license, certifi mmonwealth to provide a s	cate, social	registration or other authorization to engaç security number or a control number issued	je in a busine d by the Virgin	ss, trade, profession or ia Department of Motor		
10.		rlor or any of the owner onal regulatory body?	ers e	ver been subject to a displinary act	ion taken b	y any (including		
	No 🗆							
	Yes If y	ves, please provide a cer	tified	copy of the final order, decree or case	decision by	a court or regulatory		
11.	Has the salon/shop/spa/pa	agency with lawful authority to issue such order, decree or case decision. as the salon/shop/spa/parlor or any of the owners ever been convicted in any jurisdiction of any misdemeanor or lony? Any quilty plea or plea of nolo contendere must be disclosed on this application.						
	No 🗆							
	Yes If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; 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). If additional space is							
	needed, attach a separate sheet of paper. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in							
	which yo	ou were convicted. The	addre	ess is available from your local police d	epartment.	-		
	you wer of a nota	e convicted. Virginia res	ident he De	be obtained by contacting the state poles must complete a criminal history recepartment of State Police, Central Crim 61-7472.	ord request f	orm in the presence		
12.	information that might affe salon/shop/spa/parlor or a any jurisdiction) prior to re	nct the decision to app ny owners are subject ceiving the requested plied with all the laws Board for Barbers a	orove t to a licer of Vi	ments and answers are true, and this application. I certify that I was disciplinary action or convicted onse. I certify that the salon/shop/srginia under the provisions of Title Cosmetology, Wax Technician, H	ill notify the f a felony c pa/parlor a	e Department if the or misdemeanor (in nd its owners have		
	Signature				Date			