

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
LIMITED TERM TATTOO PARLOR LICENSE APPLICATION
 Fee \$115.00

LICENSE IS EFFECTIVE FOR ONLY FIVE CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

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.

1. Registered Name of Parlor _____
2. Trade Name of Parlor _____
3. Federal Employer Identification Number -
4. Street Address (PO Box **not** accepted) _____
 PHYSICAL ADDRESS REQUIRED _____

 City State Zip Code
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. E-mail Address _____
7. Contact Numbers Primary Telephone _____ Ext _____
 Alternate Telephone _____ Ext _____
 Facsimile _____
8. Scheduled dates of operation in Virginia _____ to _____
 MM/DD/YY MM/DD/YY

LICENSE IS EFFECTIVE FOR ONLY FIVE CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

9. Enter the name, address, birth date and Social Security Number or Virginia DMV Control Number * for each owner (sole proprietor, general partners, association members) of the limited term tattoo parlor. If additional space is needed attach a separate sheet of paper.

| Last Name | First Name | MI | Address | Birth Date | Social Security Number or VA DMV Control Number * |
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* 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.

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|---------------------|------|---------------------|---------------------------|----------|---------------|----------------------------------|------------|
| FOR OFFICE USE ONLY | DATE | FEE \$115 | TRANS CODE 1020 | ENTITY # | APPLICATION # | FILE# / LICENSE # 1235 | ISSUE DATE |
|---------------------|------|---------------------|---------------------------|----------|---------------|----------------------------------|------------|

10. Has the parlor or any of the owners ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, 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.

11. Has the parlor or any of the owners ever been convicted in any jurisdiction of any misdemeanor or felony? *Any guilty 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 you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

12. 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 salon/shop/spa/parlor or any owner is subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that the salon/shop/spa/parlor and its owners have 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 Tattooing Regulations*.

Signature _____ Date _____