

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 owner (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 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.

10. Has the salon/shop/spa/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 salon/shop/spa/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 owners are 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 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, Hair Braiding, Tattooing, Body Piercing and Esthetics Regulations as applicable.*

Signature _____ Date _____