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

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 <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the license type you are requesting:

License Type	Initial (1020)	Reinstatement (4020)	License Type	Initial (1020)	Reinstatement (4020)	
	\$190.00*	\$380.00*		\$190.00*	\$380.00*	
1304 - Barber Shop			1232 - Tattoo Parlor			
1202 - Cosmetology Salon			1238 - Permanent Cosmetic Tattoo Salon			
1208 - Nail Salon			1242 - Body Piercing Salon			
1218 - Waxing Salon			1246 - Body Piercing Ear Only Salon			
1266 - Esthetics Spa			* Application fee is per each license type.			

1. Provide a <u>current or previously</u> issued license as a **Shop, Salon, Spa, or Parlor** issued by the Board for Barbers and Cosmetology - (if applicable).

Virginia License Number						Expiration Date

2. Shop/Salon/Spa Name (Complete A or B, as appropriate)

A. Business Name

- Provide the <u>name</u> of the legal business entity which will operate the salon, shop, spa or parlor. The name must be the same as the name of your <u>organization/business</u>. All businesses must register with the Virginia State Corporation Commission.
- Corporations, limited liability company, or limited partnership shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia.

B. Sole Proprietorship or General Partnership Name

- A sole proprietor should enter his/her full legal name and the company name should be entered <u>below</u> as the Assumed/DBA name. All names must be the same as the name on your government issued ID or organization/business documents. A sole proprietorship must register in Virginia with the State Corporation Commission.
- 3. Assumed*, "Doing Business As" (DBA) or Fictitious Name
 - * An Assumed or Fictitious Name is the name used to advertise your business; (i.e. the name displayed on your sign.)
 - ▲ An Assumed or Fictitious Name must be registered with the Virginia State Corporation Commission (SCC). For additional information, contact the SCC at <u>https://scc.virginia.gov</u> or by phone at (804) 371-9733.

4. A. Type of business entity (select only one)

Sole Proprietorship	General Partnership Solely Owned LLC Corporation
Limited Partnership*	Limited Liability Company* Other, please specify:

<u>Other</u>: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

B. State Corporation Commission Number:

(If applicable)

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
A450-121	13BUS-v18			Board fo	or Barbers & Cosmetology/SALON_SHOP & SPATT	CENSE-REIN APP

5.	Provide one of the following identification numbers*:								
	Business Federal	Employer Identificatio	n Number (FEIN)		Federal Empl	over Identificatio	n Number (12-34	56789)	
	Sole Proprietor's/	Individual's Social Sec	urity Number	or] - 🔲			
		Virginia Department of Motor Vehicles Control Number Social Security or Virginia DMN							
	* State law requires eve	cation number as used on p ry applicant <i>, who is not a so</i> do not have a FEIN must p	ole proprietor or solely	owned LLC, to	le with the depa o provide a fede	artment. eral employer ide	entification numb	er. Sole proprietor or	
6.	Mailing Address (PO The mailing address printed on the lide	s will be	City				State	Zip Code	
7.	Street Address (PO B PHYSICAL ADDRI	· ,	-	if Street Addre	ess is the <u>same</u>	as the Mailing A	ddress listed abc	·	
			City				State	Zip Code	
8.	Contact Numbers								
		Primary Teleph	ione	Alterr	nate Telephone				
9.	Email Address								
		Email address	s is considered a pul	blic record an	nd will be discl	losed upon rec	uest from a thi	rd 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 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 <u>misdemeanor</u> involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years? No

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, Board for Barbers and Cosmetology Regulations and Esthetics Regulations; Body-Piercing Regulations and Tattooing 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

	Signature		Date
2.	Print Name		
	Signature		Date
3.	Print Name		
	Signature		Date
4.	Print Name		
	Ciana atuma		Date
5.	Print Name		
	Signature		Date
6.	Print Name		
	Signature		Date
		(Photocopy this sheet if additional signatures are needed.)	

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