Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509

Initial

(1020)

Reinstatement

(4020)



Initial (1020) Reinstatement

(4020)

www.dpor.virginia.gov

License Type

Virginia Board for Barbers and Cosmetology SALON, SHOP, SPA, & PARLOR LICENSE/REINSTATEMENT APPLICATION

License Type

Figure license expired more than 2 years ago, YOU CAN NOT 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:

		\$220).00* \$4 4 0.00	0*			\$440.00*			
Ī	1304 - Barber Sho	ор		1232 - Tatto	1232 - Tattoo Parlor					
Ī	1202 - Cosmetolo	gy Salon		1238 - Permanent Cosmetic Tattoo Salon		on 🗌				
	1208 - Nail Salon			1242 - Body	1242 - Body-Piercing Salon					
Ī	1218 - Waxing Sa	lon		? - Ear-Pier	? - Ear-Piercing Salon					
	1266 - Esthetics S	Spa 🗌		1245 - Ear-F	1245 - Ear-Piercing Earlobe Only Salon					
					* 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	Shon/Salon/Sr	a Namo (Co	mploto A or B	as appropriate)						
2.		•	inplete A of D,	as appropriate)						
	 A. Business Name Provide the name 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 organization/business. 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 https://scc.virginia.gov or by phone at (804) 371-9733.									
4.	A. Type of b	usiness entity	(select only or	ne)						
	Sole F	Sole Proprietorship General Partnership Solely Owned LLC Corporation								
	Limite	□ Limited Partnership □ Limited 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)								
	B. State Corp	poration Commi	n Commission Number: (If applicable)							
	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LIC	CENSE#	ISSUE DATE			
OFFICE USE ONLY				2	The men		10002 01112			

5.	Provide one of the following identification	ո numb	ers*:				
	Business Federal Employer Identification	ion Nun	nber (FEIN)			15 a N a b a 245 0 7 7	
	 Sole Proprietor's/Individual's Social Set Virginia Department of Motor Vehicle Enter the same identification number as used on State law requires every applicant, who is not a solely owned LLC who do not have a FEIN mus 	s Contro	ol Number applications or licenses or orietor or solely owned LLC	Social Security n file with the departr	or Virginia Iment.		789) Sole proprietor or
6.	Mailing Address (PO Box accepted) The mailing address will be printed on the license.					State	Zip Code
7.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED	City	Check here if Street Add	dress is the <u>same</u> as	s the Mailing		
0		City				State	Zip Code
8.	Contact Numbers Primary Tele	phone	Al	ternate Telephone			
9.	Email Address			·			
10.	List all member of Responsible Manag a limited partnership, officers/directors of the business/organization).			•	a limited		v, or officers
Ir	ndividual's Full Legal Name Title		Ad	dress		A DMV Control No.	
	ate law requires every applicant for a license, certificate, mmonwealth to provide a social security number or a con					profession or occupatio	n issued by the
11.	Has this Business/Organization or any action taken by any (including Virginia) monetary penalties, fines, suspensions, voluntary termination of a license. No Yes If yes, complete the Discip	local, s revoca	state or national reg ations, surrender of	gulatory body? a license in co	This incl	udes but is not li	mited to any
12.	Has this Business/Organization or a business, professional or occupational libarbering, cosmetology, waxing, nail car local, state or national regulatory body? No Yes If yes, complete the Denia	icense, re, esth	certification, or reg etics, body-piercing	istration as a p , ear-piercing,	ractition	er or instructor in	the fields of

13.		Has this Business/Organization or any member of Responsible Managemen guilty, regardless of the manner of adjudication, in any jurisdiction of the United last 20 years? <i>Any plea of nolo contendere shall be considered a conviction.</i> No Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>					
		Has this Business/Organization or any member of Responsible Management regardless of the manner of adjudication, in any jurisdiction of the United States moral turpitude, sexual offense, non-marijuana drug distribution or physical injury No Yes If yes, complete the <u>Criminal Conviction Reporting Form</u> .	of any misdemeanor involving				
14.	•	igning this application, I certify the following statements: I am aware that submitting false information or omitting pertinent or material infapplication will delay processing and may lead to license revocation or denial of					
	 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 passociation, 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					
		Signature	Date				
	5.	Print Name					
		Signature	Date				
	6.	Print Name					
		Signature	Date				

(Photocopy this sheet if additional signatures are needed.)