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

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

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

> > Select the license type you are requesting:

	License Ty		tial Re (20)	einstateme (4020)	nt	License Type		Initial (1020)	Reinstatement (4020)	
	Liochide 1	,,,,	0.00*	\$440.00*				\$220.00*	\$440.00*	
	1304 - Barber Sho	ор			1232 - Tatto	Parlor				
	1202 - Cosmetolo	ogy Salon			1238 - Perm	anent Cosmetic	Tattoo Salon			
	1208 - Nail Salon				1242 - Body	Piercing Salon				
	1218 - Waxing Sa	alon			1246 - Body	Piercing Ear On	ly Salon			
	1266 - Esthetics S	Spa [* Application	fee is <u>per each</u>	license type	€.	
	and Cosmetolo Virginia Lice	a <u>current or previously</u> issued license as a Shop, Salon, Spa, or Parlor issued by the Board for Barbers netology - (if applicable). License Number								
2.	Shop/Salon/Sp	oa Name (Co	mplete i	A or B, as	s appropriate)					
	 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.	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.						mation,			
4. A. Type of business entity (select only one)										
	Sole I	Proprietorship		General Pa	artnership 🔲 So	olely Owned LL	_C ◆ ☐ Corp	ooration *		
	Limite	ed Partnership •	I	_imited Lia	ability Company	Other, ple	ase 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)						oration,			
	B. State Corp	poration Comm	ission Nu	ımber:			(If applica	ble)		
OFFICE USE ONLY	DATE	FEE	TRANS	CODE	ENTITY#		FILE #/LICENSE #		ISSUE D	ATE
A450-12 08/01/20	13BUS-v19 125		1		Board fo	r Barbers & Cos	metology/SALON	I, SHOP & S	PA LICENSE-RE	IN APP

5.	Provide one of the following identifi	cation number	∍rs [*] :				
	Business Federal Employer Ider	ntification Numl	ber (FEIN)			(40.045070)	0)
	Sole Proprietor's/Individual's Soc ✓ Virginia Department of Motor Ve Enter the same identification number as a State law requires every applicant, who is	ehicles Control	Number applications or licenses or	Social Security on file with the departm		mber (123-45-67	789)
6.	Solely owned LLC who do not have a FEIN must provided Mailing Address (PO Box accepted) The mailing address will be printed on the license.		social security number or	a control number iss			Alotor Vehicles. Zip Code
7.	Street Address (PO Box not accepted) PHYSICAL ADDRESS REQUIRED		Check here if Street Add	dress is the <u>same</u> as			
•		City				State	Zip Code
8.	Contact Numbers Prima	ry Telephone	Alt	ernate Telephone			
9.	Email Address	, ,		•			
10.	List all member of Responsible M . a limited partnership, officers/direct of the business/organization). Individual's Full Legal Name	•	sociation, manager	•	a limited liabili		, or officers
	ate law requires every applicant for a license, cert emmonwealth to provide a social security number o					on or occupation	issued by the
11.	Has this Business/Organization of action taken by any (including Virgmonetary penalties, fines, suspensivoluntary termination of a license. No Yes If yes, complete the limits of the sum of the limits of the sum of the	ginia) local, st ions, revocat	tate or national reg tions, surrender of	ulatory body? ⁻ a license in co	This includes b	out is not lin	nited to any
12.	Has this Business/Organization business, professional or occupation barbering, cosmetology, waxing, no or national regulatory body? No Yes If yes, complete the left of the second or the secon	onal license, c ail care, esthe	certification, or regietics, body-piercing	istration as a pr g, or tattooing b	ractitioner or ir	nstructor in t	the fields of

13.		guilty, regardless of the manner of adjudication, in any jurisdiction of the United States last 20 years? Any plea of nolo contendere shall be considered a conviction. No Yes If yes, complete the Criminal Conviction Reporting Form.	
		Has this Business/Organization or any member of Responsible Management been regardless of the manner of adjudication, in any jurisdiction of the United States of an moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within No Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>	y <u>misdemeanor</u> involving
14.	•	 igning this application, I certify the following statements: I am aware that submitting false information or omitting pertinent or material informat application will delay processing and may lead to license revocation or denial of licens 	
	•	I will notify the Board of any changes to the information provided in this applicat requested license, certification, or registration including, but not limited to any disciplin a felony or misdemeanor (in any jurisdiction).	
	•	I authorize the Department to verify information concerning me or any statement in person, or any source the department may contact. I also agree to present any required or requested by the Department.	
	•	I authorize any federal, state or local government agency, current or former emplo 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 profes of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Barbers and Barbers and Cosmetology Regulations and Esthetics Regulations; Body-Piercing Regulations Signatures for all Responsible Management is required: (sole proprietor, partners of a general partnership, managing partner of a limited partners association, managers/members of a limited liability company, or officers of a corporation)	d Cosmetology, Board for Regulations and Tattooing
	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.)