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 SCHOOL REINSTATEMENT APPLICATION Fee \$620.00

## 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.

1.	Virginia Licens	se Number							Expiration Date
2.	School/Business Entity/Sole Proprietor Name								
3.	Trade, "Doing Business As" (DBA) or Fictitious Name								
4.	<ul> <li>If a Trade or Fictitious Name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to \$59.1-69 of the Code of Virginia must be attached to this application.</li> <li>A. Type of business entity (select only <b>one</b>)</li> </ul>								
т.	Sole Proprietorship General Partnership Solely Owned LLC Corporation								ed LLC  Corporation
	<u>Limited Partnership</u> <u>Limited Liability Company</u> <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 Cor	rporation Comm	nission Number:						(If applicable)
If your business is a corporation, limited liability company, or limited partnership, your business the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Business under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in trade or fictitious names with the State Corporation Commission. For additional information, compone at (804) 371-9733.						s). Firm/Businesses shall be organized as business entities act business in Virginia. Firm/Businesses must register any			
5.	Provide <u>one</u> o	of the following	identification i	numbe	ers*:				
	<ul> <li>Business Federal Employer Identification Number (FEIN)</li> <li>Sole Proprietor's/Individual's Social Security Number or</li> <li>Virginia Department of Motor Vehicles Control Number</li> <li>Enter the same identification number as used on previous applications or licenses on file with the department.</li> <li>State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC, to provide a federal employer identification number.</li> </ul>								
6.	Mailing Address (PO Box accepted) The mailing address will be								
7.				City     State     Zip Code       Check here if Street Address is the same as the Mailing Address listed above.					
				City					State Zip Code
8.	Contact Numbers Primary Telephone Alternate Telephone Fax								
9.	Email Address	6			idoro	d o public			
	Email address is considered a public record and will be disclosed upon request from a third party.								
OFFICE USE ONLY	DATE	FEE	TRANS CODE		ENTIT	Υ#			FILE #/LICENSE # ISSUE DATE
			•	•					

10. List all members 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).

Full Name	Address	Birth Date	Social Security No. 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 <u>Virginia</u> Department of Motor Vehicles.

## 11. Does the school receive compensation for services provided for its clinic?

No 🗌 Yes 🗆

If yes, provide the Virginia **salon**, **shop**, **spa or parlor** license number and expiration date.

VA License Number

Expiration Date

12. List each Instructor who will be employed by the school, their professional type and Virginia license number. <u>Note:</u> Cosmetology schools must have at least one instructor who is certified to teach straight razor shaving. This instructor can be a certified cosmetology instructor (trained in straight razor shaving), barber instructor, or master barber instructor.

Full Name	Professional Type	Virginia License Number

13. 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 license.

No 🗌

- Yes If yes, complete the Disciplinary Action Reporting Form.
- 14. 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, nail care, waxing, 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>.
- 15. 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	
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- Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.
- B. 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>misdemeanor</u> involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years? *Any plea of nolo contendere shall be considered a conviction.* 
  - No 🗌
  - Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.
- 16. List your reasons for failing to renew your license. If additional space is needed, attach a separate sheet of paper.

- 17. 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 desire. 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, Tattooing and Esthetics Regulations.
- I, also certify on behalf of the school and its owner's, that all students currently enrolled or seeking to enroll at the school listed above have been notified in writing that the school's license has expired.

## 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		Title	
	Signature			Date
2.				
	Signature			5.4
3.				
				5.4
4.				
5.				
	Signature			Date
6.				
		(Photocopy this sheet if addition		
		Signature(s) are requir	red to be <u>Notarized</u> .	
Notariz	zation			
In the S	State of	, City/County of		
On this	, day of	, Only/County of, 20		
whose	name(s) is/are signed ire to be his/hers, and	I to the foregoing instrument, p	personally appeared before r	ne of Applicant ne, acknowledged the foregoing ents made in the said instrument
	-	, day of	, 20	
	Affix official seal here.		Signature of Notary P	ublic
			- <u>J</u>	