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 EVENT TATTOO PARLOR LICENSE APPLICATION Fee \$220.00

LICENSE IS EFFECTIVE FOR ONLY SEVEN (7) CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

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.

Completed application must include fee and all required documentation. Application is required at least **45 days** prior to the first day of the period in which the event tattoo parlor license is requested. Failure to answer all questions, or provide any additional documentation required will result in a delay of processing your application.

arıy	additional documentation required will rest	uit in a delay	or processing	your app	nicat	ion.							
1.	Registered Name of Parlor												
2.	Trade, "Doing Business As" (DBA), or Fictitious Name of Parlor 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.												
3.	Select one of the following and provide t	he informati	on below.										
	Business Federal Employer Identificati	on Number (I	Fodoral Employer Identificati				tion No.	ion Number (12 2456790)					
	Federal Employer Identification Number (12-3456789) State law requires every applicant, who is not a sole proprietor, to provide a federal employer identification number. Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.												
	Sole Proprietor's/Individual's Social Se	curity Number	er or			- [╗.	. Г				
	☐ Virginia Department of Motor Vehicles	Control Num	Control Number * Social Security or Virginia DMV Number (123-45-6789)							_			
	* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation is by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.								tion issu	ed			
4.	Mailing Address (PO Box accepted)												
	If a mailing address is submitted, the mailing												
	address will be printed on the license.	City							State		Zip (Code	_
5.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED	Chec	ck here if Street Add	ress is the <u>sa</u>	ame as	s the N	Mailing	Addres	ss liste	d above).		
		City							State		Zip (Code	
6.	Email Address												
7.	Contact Numbers Primary Telep	hone	Alte	ernate Teleph	none					Fa	X		
8.	Scheduled dates of operation in Virginia	From:	MM/DD/YYYY		To:			MM/DD/	YYYY		_		
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LICENSE IS EFFECTIVE FOR ONLY FIVE CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE

A firm may obtain a maximum of five (5) event tattoo parlor licenses within a calendar year.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICE	ENSE#	ISSUE DATE	
			1020		1235			
	. Enter the following information for each Responsible Manager (sole proprietor, general partners, association members) of the guest tattoo parlor.							
Individual's Full Legal Name		Title		Address	Social Security No. or	Date of Rirth		

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.

10.	Has the parlor or any member of the Responsible Management, ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body? No
	Yes If yes, complete the <u>Disciplinary Action Reporting Form</u> .
11.	Has the parlor or any member of the Responsible Management, ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing <u>denied</u> by any (including Virginia) local, state or national regulatory body? No
	Yes If yes, complete the <u>Denial of Licensure Reporting Form</u> .
12.	Has the parlor or any member of the Responsible Management, ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any felony within the last 10 years?
	No Yes If yes, complete the Criminal Conviction Reporting Form.

- 13. 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 (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.

Signature from Responsible Management are required: Print Name Signature Date Print Name ____ Signature Date Print Name ____ Signature Date _____ Print Name Signature Date Print Name Signature Date Print Name Signature Date