



Virginia Board for Barbers and Cosmetology
LIMITED TERM TATTOO PARLOR LICENSE APPLICATION
Fee \$165.00

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.

LICENSE IS EFFECTIVE FOR ONLY FIVE CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

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 the information below.
 - Business Federal Employer Identification Number (FEIN)[❖] -
 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 Security Number **or** - -
 Social Security or Virginia DMV Number (123-45-6789)
 - Virginia Department of Motor Vehicles 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 Virginia Department of Motor Vehicles.
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 not accepted) _____
PHYSICAL ADDRESS REQUIRED
 Check here if Street Address is the same as the Mailing Address listed above.

 City _____ State _____ Zip Code _____
6. Email Address _____
7. Contact Numbers _____
 Primary Telephone Alternate Telephone Fax
8. Scheduled dates of operation in Virginia From: _____ To: _____
 MM/DD/YYYY MM/DD/YYYY

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| OFFICE USE ONLY | DATE | FEE | TRANS CODE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|-----------------|------|-----|------------|----------|------------------|------------|
| | | | 1020 | | 1235 | |

9. Enter the following information for each owner (sole proprietor, general partners, association members) of the limited term tattoo parlor.

| Full Name | Address | Birth Date | Social Security No. or VA DMV Control Number* |
|-----------|---------|------------|---|
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* 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 of the owners ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
 No
 Yes If yes, complete the [Disciplinary Action Reporting Form](#).
11. Has the parlor or any of the owners 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 **denied** by any (including Virginia) local, state or national regulatory body?
 No
 Yes If yes, complete the [Denial of Licensure Reporting Form](#).
12. A. Has the parlor or any of the owners ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Has the parlor or any of the owners ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** (excluding marijuana convictions)?
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).
13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if the salon/shop/spa/parlor or any owner are subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that the salon/shop/spa/parlor and its owners have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Tattooing Regulations*.

Signature _____ Date _____