

3. Trade, "Doing Business As" (DBA) or Fictitious Name[▲] of school _____

▲ 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.

4. A. Type of business entity (select only **one**)

- Sole Proprietorship
 General Partnership
 Solely Owned LLC[◆]
 Corporation[◆]
 Limited Partnership[◆]
 Limited Liability Company[◆]
 Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

B. State Corporation Commission Number: _____ (If applicable)

◆ If your business is a **corporation, limited liability company, or limited partnership**, your business name must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission. For additional information, contact the SCC at <https://scc.virginia.gov> or by phone at (804) 371-9733.

5. Provide **one** of the following identification numbers*:

Business Federal Employer Identification Number (FEIN)

-
 Federal Employer Identification Number (12-3456789)

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

➤ Enter the same identification number as used on previous applications or licenses on file with the department.

* 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* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

6. Mailing Address (PO Box accepted) _____

The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

7. 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 _____

8. Contact Numbers _____

Primary Telephone

Alternate Telephone

9. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

10. List all member 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).

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.

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 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, Tattooing, and Esthetics Regulations*.

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.	Print Name _____	Title _____
	Signature _____	Date _____
3.	Print Name _____	Title _____
	Signature _____	Date _____
4.	Print Name _____	Title _____
	Signature _____	Date _____
5.	Print Name _____	Title _____
	Signature _____	Date _____
6.	Print Name _____	Title _____
	Signature _____	Date _____

(Photocopy this sheet if additional signatures are needed.)

(Important **Curriculum Package Instructions** to follow.)

Important Curriculum Package Instructions

In addition to the School License Application, you are required to submit a curriculum including, but not limited to, the information listed below. Applications lacking the required information will be rejected and returned. Detailed Instructions are available on the board's website located at <https://dpor.virginia.gov/Boards/BarberCosmo/>. Should you have any questions or require additional clarification, please contact the board staff at (804) 367-8509.

PHOTOCOPIES OF OUTLINES, GLOSSARIES AND OTHER INFORMATION FROM TEXTS AND BOARD REGULATIONS WILL NOT BE ACCEPTED!

1. Course syllabus

The course syllabus should contain an outline and brief statement of the main points of the text, textbook being used, and course of study. Include your days and hours of program instruction, as well as specifying breaks given. Breaks cannot be counted towards hours of instruction. Include your program length in weeks and any holidays observed. Full and part time schedules cannot be taught simultaneously.

2. Detailed course outline

The outline shall include all required courses listed in the *Board for Barbers and Cosmetology Regulations, Wax Technician Regulations, Tattooing Regulations and Esthetics Regulations*. Add breakdown of hours to your courses. Course listings must be the same in every part of the packet where they are listed.

3. Performances

Performances shall include the minimum requirements listed in the *Board for Barbers and Cosmetology Regulations, Wax Technician Regulations, Tattooing Regulations and Esthetics Regulations*.

4. Sample of five lesson plans

The lesson plans must be *actual* lesson plans that will be used in the instruction of students. Previously approved lesson plans from other schools will not be accepted. You may submit lesson plans developed for your curriculum. Pre-developed lesson plans provided with the textbook are acceptable. Lesson plan topics should be profession specific and not general topics. For general topics- see school instructions.

5. Sample of evaluation methods to be used

Explain and provide examples of how students will be evaluated for grading and progress report purposes. Please include documents for both the written theory and practical portions of the program. Evaluation methods must contain student name, space for student signature, and topic(s) being evaluated.

6. Example of the method by which performances will be recorded

Board regulations require that students complete a certain number of performances. Provide a document showing how you will track and evaluate the performances, similar to the theory and practical documents, with the following information on the document: student name, place for student signature, performance(s) being evaluated.

7. Sketch of the school floor plan

This sketch must include the classroom and clinic areas within the school. The classroom and clinic areas must be separated by a wall.

8. An example of a 25 question test you will administer to students. The questions must match the program of study. General topic* questions are not acceptable. An answer key must be included.

* General topics includes sciences, equipment, orientation, school policies, state law and regulations, business management, ethics, etc.

9. Esthetics schools must submit a list of the equipment used in training, as required by 18 VAC 41-70-210.A-D.

10. Schools that want to accept transfer credits for students must have a board approved competency exam.

The text of the transfer policy must be submitted as well as the 100 question assessment that will be given to potential students. Provide an answer key. The policy must be in alignment with the requirements given in Board for Barbers and Cosmetology Regulation 18 VAC 41-20-210.G or Board for Esthetics Regulation 18 VAC 41-70-190.D.