

Virginia Board for Barbers and Cosmetology
SCHOOL REINSTATEMENT APPLICATION
Fee \$370.00

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.

1. Virginia License Number

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 Expiration Date _____
2. School/Business Entity/Sole Proprietor Name _____
3. Trade, "Doing Business As" (DBA) or Fictitious Name [▲] _____

▲ 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, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

- B. State Corporation Commission Number: _____ (If applicable)
- ♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) 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 www.scc.virginia.gov or by phone at (804) 371-9733.

5. Provide **one** of the following identification numbers*:
 - Business Federal Employer Identification Number (FEIN)

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Federal Employer Identification Number (12-3456789)
 - Sole Proprietor's/Individual's* Social Security Number **or**

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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 _____ Fax _____

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	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 Virginia 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

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Expiration Date _____

12. List each **Instructor** who will be employed by the school, their professional type and Virginia license number:

Full Name	Professional Type	Virginia License Number

13. Has this **Business/Organization** or any member of **Responsible Management** ever been subject to a **disciplinary action** taken by any (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 **denied** 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 [Denial of Licensure Reporting Form](#).

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 **felony** within the last 20 years? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

- 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 **misdemeanor** 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 [Criminal Conviction Reporting Form](#).

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. Print Name _____ Title _____
 Signature _____ Date _____

3. Print Name _____ Title _____
 Signature _____ Date _____

4. Print Name _____ Title _____
 Signature _____ Date _____

5. Print Name _____ Title _____
 Signature _____ Date _____

(Photocopy this sheet if additional signatures are needed.)

Signature(s) are required to be Notarized.

Notarization

In the State of _____, City/County of _____

On this _____, day of _____, 20____.

Name of Applicant

whose name(s) is/are signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My commission expires the _____, day of _____, 20____.

Affix official seal here.

Signature of Notary Public