

6. Mailing Address (PO Box accepted)
The mailing address will be printed on the license.
7. Street Address (PO Box not accepted)
PHYSICAL ADDRESS REQUIRED
8. Contact Numbers
9. Email Address

 City State Zip Code

Check here if Street Address is the same as the Mailing Address listed above.

 City State Zip Code

 Primary Telephone Alternate Telephone Fax

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

10. Enter the following information for each owner of the **salon, shop, spa, or parlor**.

Full Name	Address	Date of Birth	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. Has this business/organization or anyone listed on this application (owner) 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](#).
12. Has this business/organization or anyone listed on this application (owner) 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, waxing, nail care, 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](#).
13. A. Has this business/organization or anyone listed on this application (owner) 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 this business/organization or anyone listed on this application (owner) ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).
14. 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, Wax Technician, Body Piercing, Tattooing, and Esthetics Regulations*.

Print Name _____ Title _____

Signature _____ Date _____