1. A. Type of business entity (select only one)
   - [ ] Sole Proprietorship
   - [ ] General Partnership
   - [ ] Solely Owned LLC
   - [ ] Corporation
   - [ ] Limited Partnership
   - [ ] Limited Liability Company
   - [ ] Other, please specify: ________________________________


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

2. Business Entity Name ________________________________

3. Provide your Business Federal Employer Identification Number (FEIN)*
   - Federal Employer Identification Number (12-3456789)

   If a FEIN is not available because the business is registered as a sole proprietor, provide a social security number and/or a control number issued by the Virginia Department of Motor Vehicles below:
   - A. Sole Proprietor's Social Security Number* and/or
   - B. Sole Proprietor's VA Depart. of Motor Vehicles Control Number

   State law requires every applicant (business) applying for licensure to provide a federal employer identification number unless the applicant (business) is registered as a sole proprietor.

4. Business Entity License Number ________________________________

5. Do you wish to update your business address?
   - [ ] No
   - [ ] Yes

   Mailing* Address (PO Box accepted): ________________________________
   - Physical* Street Address (PO Box not accepted): ________________________________

   City ________________ State ________________ Zip Code
   City ________________ State ________________ Zip Code

   [ ] Check box if Mailing Address is the same as the Street Address.

* Updating your business address on this form will NOT change the address of an individual's practitioner license. If you need to change an Address/Name change for an individual, you must complete the Address Change Form or the Name Change Form located on our website under 'Forms and Applications' tab.
6. List all Responsible Management and provide the member's status for each:
(Sole proprietor of a sole proprietorship; partners of a general partnership; managing partners of a limited partnership; officers of a corporation; managers of a limited liability company; officers or directors of the business/company; or Individuals in other business entities recognized under the laws of the Commonwealth of Virginia.)

<table>
<thead>
<tr>
<th>Individual's Full Legal Name</th>
<th>Title</th>
<th>Address</th>
<th>Social Security No. and/or VA DMV Control No.</th>
<th>Date of Birth</th>
<th>Member's Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>New</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Existing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>New</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Existing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>New</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Existing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>New</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Existing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete</td>
</tr>
</tbody>
</table>

7. 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 a license.
   No ☐
   Yes ☐ If yes, complete the Disciplinary Action Reporting Form.

8. 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, 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.

9. 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 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, 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.

10. 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, Body Piercing, 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 ____________

(Photocopy this sheet if additional signatures are needed.)