



Virginia Board for Barbers and Cosmetology
LIMITED TERM TATTOO PARLOR LICENSE APPLICATION
Fee \$170.00

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)[❖]

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 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**

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 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

 City _____ State _____ Zip Code _____
 Check here if Street Address is the same as the Mailing Address listed above.
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*

* 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. Have you 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. Have you ever been convicted in any jurisdiction of a **misdemeanor and/or felony**? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
 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 _____