Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8509



www.dpor.virginia.gov

Virginia Board for Barbers and Cosmetology SALON, SHOP, SPA, & PARLOR LICENSE/REINSTATEMENT APPLICATION

> If your license expired more than 2 years ago, YOU CAN NOT REINSTATE your license. Instead, you must re-apply as a new (Initial) applicant.

> 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.

> > Select the license type you are requesting:

	License Type	Initial (1020)	Reinstatement (4020)	License Type		(1020)	(4020)	
	License Type	\$190.00*	\$380.00*			\$190.00*	\$380.00*	
	1304 - Barber Shop			1232 - Tattoo Parlor				
	1202 - Cosmetology Salo	n		1238 - Permanent Cosr				
	1208 - Nail Salon			1242 - Body Piercing S	alon			
	1218 - Waxing Salon			1246 - Body Piercing E	ar Only Salon			
	1266 - Esthetics Spa			* Application fee is per each		license type.		
	and Cosmetology - (vide a <u>current or previously</u> issued license as a Shop, Salon, Spa, or Parlor issued by the Board for Barbers I Cosmetology - (if applicable). Expiration Date						
2.	Shop/Salon/Spa Nar							
	 A. Business Name Provide the <u>name</u> of the legal business entity which will operate the salon, shop, spa or parlor. The name must be the same as the name of your <u>organization/business</u>. All businesses must register with the Virginia State Corporation Commission. Corporations, limited liability company, or limited partnership shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. B. Sole Proprietorship or General Partnership Name A sole proprietor should enter his/her full legal name and the company name should be entered <u>below</u> as the Assumed/DBA name. All names must be the same as the name on your government issued ID or organization/business documents. A sole proprietorship must register in Virginia with the State Corporation Commission. 							
3.	Assumed*, "Doing B	Business As" (DBA) or Fictitious Name						
	 An Assumed or Fictitious Name is the name used to advertise your business; (i.e. the name displayed on your sign.) An Assumed or Fictitious Name must be registered with the Virginia State Corporation Commission (SCC). For additional information, contact the SCC at https://scc.virginia.gov or by phone at (804) 371-9733. 						ı.)	
4.	A. Type of business entity (select only <u>one</u>) Sole Proprietorship General Partnership Solely Owned LLC Corporation Limited Partnership United 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	State Corporation Commission Number: (If applicable)						
OFFICE USE ONLY	DATE	FEE TF	RANS CODE	ENTITY#	FILE #/LICENSE #		ISSUE DATE	
450-12	13BUS-v18	I		Board for Barbers &	& Cosmetology/SALO	N, SHOP & S	PA LICENSE-REIN APP	

5.	Provide <u>one</u> of the following identification numbers*:							
	Business Federal Employer Ider	ntification Numl	ber (FEIN)			(40.045070)	0)	
	Sole Proprietor's/Individual's Soc ✓ Virginia Department of Motor Ve Enter the same identification number as a State law requires every applicant, who is	ehicles Control	Number applications or licenses or	Social Security of file with the departm		mber (123-45-67	789)	
6.	solely owned LLC who do not have a FEI Mailing Address (PO Box accepted The mailing address will be printed on the license.	·	social security number or	a control number iss			Alotor Vehicles. Zip Code	
7.	Street Address (PO Box <u>not</u> 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 Prima	ry Telephone	Alt	ernate Telephone				
9.	Email Address	, ,		•				
10.	List all member of Responsible M . a limited partnership, officers/direct of the business/organization). Individual's Full Legal Name	•	sociation, manager	•	a limited liabili		, or officers	
	ate law requires every applicant for a license, cert emmonwealth to provide a social security number o					on or occupation	issued by the	
11.	Has this Business/Organization of action taken by any (including Virgmonetary penalties, fines, suspensivoluntary termination of a license. No Yes If yes, complete the limits of the sum of the limits of the sum of the	ginia) local, st ions, revocat	tate or national reg tions, surrender of	ulatory body? ⁻ a license in co	This includes b	out is not lin	nited to any	
12.	Has this Business/Organization business, professional or occupation barbering, cosmetology, waxing, no or national regulatory body? No Yes If yes, complete the left of the second or the secon	onal license, c ail care, esthe	certification, or regietics, body-piercing	istration as a pr g, or tattooing b	ractitioner or ir	nstructor in t	the fields of	

13.		Has this Business/Organization or any member of Responsible Manag guilty, regardless of the manner of adjudication, in any jurisdiction of the L last 20 years? <i>Any plea of nolo contendere shall be considered a conviction</i> No Yes If yes, complete the <u>Criminal Conviction Reporting Form</u> .	Inited States of any felony within the					
		Has this Business/Organization or any member of Responsible Manage regardless of the manner of adjudication, in any jurisdiction of the United S moral turpitude, sexual offense, non-marijuana drug distribution or physical in No	States of any misdemeanor involving					
14.	•	igning this application, I certify the following statements: I am aware that submitting false information or omitting pertinent or mater application will delay processing and may lead to license revocation or der						
	•	 I will notify the Board of any changes to the information provided in t requested license, certification, or registration including, but not limited to 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 fo business to release information which may be required for a background in	• •					
	1.	of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Barbers and Cosmetology Regulations and Esthetics Regulations; Body Regulations Signatures for all Responsible Management is required: (sole proprietor, partners of a general partnership, managing partner of a lim association, managers/members of a limited liability company, or officers of a corp	Barbers and Cosmetology, Board for y-Piercing Regulations and Tattooing hited partnership, officers/directors of an					
	1.		Data					
	2.	Signature Print Name	Date					
		Signature	Date					
	3.	Print Name						
		Signature	Date					
	4.	Print Name						
		Signature	Date					
	5.	Print Name						
		Signature	Date					
	6.	Print Name						
		Signature	Date					

(Photocopy this sheet if additional signatures are needed.)