Reset Form Print Form

Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Department of Professional and Occupational Regulation

Virginia Board for Barbers and Cosmetology
CHANGE OF RESPONSIBLE MANAGEMENT APPLICATION
Applies to Business Licensees Only

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: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

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*** ☐☐☐ - ☐☐ - ☐☐☐☐
Social Security Number (123-45-6789)

B. Sole Proprietor's VA Depart. of Motor Vehicles Control Number ☐☐☐☐☐☐☐☐☐
Virginia DMV Number (123456789)

❖ 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.

✳ 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. Business Entity License Number ☐☐☐☐☐☐☐☐☐☐

5. Do you wish to update your business address?

No ☐ If no, skip to question #6.
Yes ☐ If yes, are you updating your ☐ Mailing Address? ☐ Physical Address? ☐ or Both?

Mailing* Address (PO Box accepted):				Physical* Street Address (PO Box not accepted):			
APT/Unit#	City	State	Zip Code	APT/Unit#	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 for *an individual*, you must complete the Address Change Form or the Name Change Form located on our website under the *Forms and Applications* tab.

**Mobile shops, salons, parlors, and spas must provide a physical address where the shop, salon, parlor, or spa is permanently garaged.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			9200			

6. List all **Responsible Management** (RM) and provide the **RM'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.)

Individual's Full Legal Name	Title	Address	Social Security No. and/or VA DMV Control No.	Date of Birth	Member's Status
					☐ New ☐ Existing ☐ Delete
					☐ New ☐ Existing ☐ Delete
					☐ New ☐ Existing ☐ Delete
					☐ New ☐ Existing ☐ Delete
					☐ New ☐ Existing ☐ Delete
					☐ New ☐ Existing ☐ Delete
					☐ New ☐ Existing ☐ Delete
					☐ New ☐ Existing ☐ Delete
					☐ New ☐ Existing ☐ Delete

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, ear-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. 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 10 years?

☐ 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 (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 from all Responsible Management are 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 _____

. Print Name _____ Title _____

   Signature _____ Date _____

(Photocopy this sheet if additional signatures are needed.)