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 EVENT PIERCER LICENSE APPLICATION Fee \$220.00

LICENSE IS EFFECTIVE FOR ONLY SEVEN (7) CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Completed application must include fee and all required documentation. Application is required at least 45 days prior to the first day of the period in which the event body-piercing or ear-piercing salon license is requested. Failure to answer all questions, or provide any additional documentation required will result in a delay of processing your application. 1. Registered Name of Salon Trade, "Doing Business As" (DBA), or Fictitious Name of Salon 2. ▲ 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)* 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 ☐ Virginia Department of Motor Vehicles Control Number ** Social Security or Virginia DMV Number (123-45-6789) 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. Mailing Address (PO Box accepted) If a mailing address is submitted, the mailing address will be printed on the license. City Zip Code Check here if Street Address is the same as the Mailing Address listed above 5. Street Address (PO Box not accepted) PHYSICAL ADDRESS REQUIRED City Zip Code 6. **Email Address** 7. Contact Numbers Primary Telephone Alternate Telephone Fax Scheduled dates of operation in Virginia From: To: MM/DD/YYYY MM/DD/YYYY LICENSE IS EFFECTIVE FOR ONLY SEVEN CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE A firm may obtain a maximum of five (5) event body-piercing or ear-piercing salon licenses within a calendar year.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENSE #	ISSUE DATE
			1020		1254	

Enter the following information for each Responsible Manager (sole proprietor, general partners, association members) of the guest body-piercing or ear-piercing salon. Social Security No. or Date of Birth Individual's Full Legal Name Title Address VA DMV Control No.* * 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 member of the Responsible Management, ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body? No Yes If yes, complete the <u>Disciplinary Action Reporting Form</u>. Has the parlor or any member of the Responsible Management, ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, bodypiercing, or ear-piercing denied by any (including Virginia) local, state or national regulatory body? No Yes \square If yes, complete the Denial of Licensure Reporting Form. 12. A. Has the parlor or any member of the 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 \square If yes, complete the <u>Criminal Conviction Reporting Form</u>. Has the parlor or any member of the Responsible Management, ever 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, non-marijuana drug distribution or physical injury within the last two years? No Yes If yes, complete the Criminal Conviction Reporting Form.

Continue to attestation on the following page.

- 13. 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, Board for Barbers and Cosmetology Regulations and Esthetics Regulations; Body-Piercing Regulations and Tattooing Regulations.

Signature of Responsible Management is required: Print Name Date ____ Signature Print Name Date Signature Print Name Signature Date Print Name Signature Date Print Name Signature Date Print Name Signature _____ Date ____