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

gov Virginia Board for Barbers and Cosmetology BODY PIERCING SALON/TATTOOING PARLOR LICENSE/REINSTATEMENT APPLICATION

Reinstatement

> 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 <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.

Select one license type you are requesting:

	License Type		(1020)	(4020)			
		,		\$165.00	\$330.00		
		1232 - Tattoo Parlor					
		1238 - Permanent C					
		1242 - Body Piercing					
		1246 - Body Piercing	g Ear Only Salon				
1.	Provide a <u>current or previously</u> issued license as a Salon or Parlor issued by the Board for Barbers and Cosmetology - (if applicable).						
	Virginia License Number Expiration Date						
2.	Business or Sole Proprietor Name A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names						
	must be the same as th	e name on your govern	nment issued ID or org	anization/busi	ness documents		
3.	Trade, "Doing Business As" (DBA) or Fictitious Name						
	▲ 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.						
4.	A. Type of business entity (select only one)						
	Sole Proprietorsh	nip General	Partnership So	olely Owned	LLC ◆ □ C	orporation [◆]	
	□ Limited Partnership Limited 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 Co	e Corporation Commission Number: (If applicable)					
	♦ If your business is a corporation , limited liability company , or limited partnership , your business/trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission . For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.						
	General Partnerships must attach a copy of statement of partnership filed with the clerk of the court in the locality where business will be conducted <u>or</u> a certificate of partnership issued by the Virginia State Corporation Commission.						
5.	5. Provide <u>one</u> of the following identification numbers*:						
	Business Federal Employer Identification Number (FEIN)						
	Federal Employer Identification Number (12-3456789)						
	Sole Proprietor's/Individual's Social Security Number or						
	<u>Virginia</u> Department of Motor Vehicles Control Number Social Security or Virginia DMV Number (123-45-6789) ■ Social Security of Virginia DMV Number (123-45-6789)						
	 Enter the same identification number as used on previous applications or licenses on file with the department. State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles. 						
	DATE FEE	TRANS CODE	ENTITY #	inei oi a contro	FILE #/LICENS		ISSUE DATE
OFFICE					ZE III ZIOLINO	= "	.0002 5/112

6.	Mailing Address (PO Box accepted) The mailing address will be printed on the license.				State	Zip Code	
7.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED		Check here if Street Address is the same as the	e Mailing Addre	ess listed above	ð.	
		City			State	Zip Code	
8.	Contact Numbers	Talanhana	Alternata Talanhana				
9.	Email Address	Telephone	Alternate Telephone		Fa	X	
Э.		ddress is co	ess is considered a public record and will be disclosed upon request from a third party.				
10.	Enter the following information for partnership, managing partner of a limited liability company, or officers or	limited pa	rtnership, officers/directors of an as		-	-	
Inc	dividual's Full Legal Name Titl	е	Address	Social Secu VA DMV C		Date of Birth	
	ate law requires every applicant for a license, certific mmonwealth to provide a social security number or a Has this Business , sole proprieto business, professional or occupation barbering, cosmetology, waxing, nail or national regulatory body? No Yes If yes, complete the De	r, or any al license, care, estl	er issued by the Virginia Department of Motor Veh partner of a general partnership certification, or registration as a pra	o ever be	en refused	or <u>denied</u> a in the fields of	
12.	guilty, regardless of the manne of nolo contendere shall be con. No	r of adjudi sidered a	any partner of a general partners ication, in any jurisdiction of the Unit conviction. al Conviction Reporting Form.				
	guilty, regardless of the manne Any plea of nolo contendere sha No	er of adjud all be cons	any partner of a general partners dication, in any jurisdiction of the Ursidered a conviction. al Conviction Reporting Form.	•			

- 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; BodyPiercing Regulations and Tattooing Regulations.

Print Name	Title	Title		
Signature		Date		