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 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 <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 the license type you are requesting:

ocioot the hoorise type you are requesting.								
License Type	Initial (1020)	Reinstatement (4020)						
	\$170.00*	\$340.00*						
1304 - Barber Shop								
1202 - Cosmetology Salon								
1208 - Nail Salon								
1218 - Waxing Salon								
1266 - Esthetics Spa								

			* Appl	ication fee	is pe	r each	icense	type	9 .
1.		current or pre	•	license a	as a	Shop,	Salor	n or	r Spa issued by the Board for Barbers and
	Virginia	License Number							Expiration Date
2.	A sol	or Sole Proprieto e proprietor should e be the same as the	nter his/her full lega						Id be entered below as the Trade/DBA name. All names ness documents.
3.	Trade, "D	oing Business As	s" (DBA) or Fictit	ious Nam	ie [*]				
4.	 If a Trade or Fictitious Name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuar §59.1-69 of the Code of Virginia must be attached to this application. A. Type of business entity (select only one) 								
		Sole Proprietorship					-		
		₋imited Partnership	o [♦] ☐ Limited	Liability C	ompa	ıny [♦] [Othe	er, ple	lease specify:
	Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporati Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)							iability Partnership, Non Profit, Professional Corporation,	
	B. State	Corporation Com	mission Number:						(If applicable)
	the V unde trade	irginia State Corpora r the laws of the Con	ation Commission (ir nmonwealth of Virgir	ncluding all nia or other	out-of- vise au	state buthorized	usinesse I to tran	es). F sact b	ip, your business/trade name(s) must be registered with Firm/Businesses shall be organized as business entities business in Virginia. Firm/Businesses must register any ormation, contact the SCC at www.scc.virginia.gov or by
		eral Partnerships mucted <u>or</u> a certificate							e clerk of the court in the locality where business will be ommission.
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENT	FITY#				FILE #/LICENSE # ISSUE DATE
\450-12	13BUS-v13	1	'	1	Во	ard for E	Barbers	& Co	osmetology/SALON. SHOP & SPA LICENSE-REIN APP

5.	Provide one of the following identification	numbers":										
	☐ Business Federal Employer Identification	on Number (FEIN)] _								
		, ,	Federal E] Emplov	er Ide	l <u>l</u> entifica	ation N	lumb	l er (12	-34567	 '89)	
	Sole Proprietor's/Individual's Social Sec	curity Number or			_			_				
	☐ Virginia Department of Motor Vehicles		Social S	oouritu	or\/i	rainia	DMV	Niumb	or (1	22 45 (2790\	
	 Enter the same identification number as used on 			-		-	ו אואוט	INUITIL	Jei (i	23-43-	0109)	
	State law requires every applicant, who is not a solely owned LLC who do not have a FEIN must p	sole proprietor or solely own	ed LLC, to provide a	federa	al em	ployer						
6.	Mailing Address (PO Box accepted)											
	The mailing address will be											
	printed on the license.	City						Sta	ate		Zip C	ode
7	Ctroot Address (DO Day not accented)		eet Address is the sa	ame as	the I	Mailing	Addr			above.	,	
7.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED											
		City					_	Sta	ate		Zip C	ode
8.	Contact Numbers											
	Primary Telepi	hone	Alternate Teleph	none						Fax		
9.	Email Address											
	Email addres	ss is considered a public r	ecord and will be	disclo	sed ι	ıpon ı	reque	st fro	m a	third p	arty.	
10.	List all member of Responsible Manage a limited partnership, officers/directors of of the business/organization). ndividual's Full Legal Name Title	, , ,	•	•		mited	d liab	oility Secu	cor	npan No. o	y, or	officers Oate of
	Name and the state of the state		7 (441000			V	A DIV	IV C	ontr	ol No.	*	Birth
	ate law requires every applicant for a license, certificate, rounds ammonwealth to provide a social security number or a control						profes	ssion	or o	cupati	on issu	ed by the
11.	Has this Business/Organization or any <u>action</u> taken by <u>any</u> (including Virginia) lo monetary penalties, fines, suspensions, r	ocal, state or nationa	al regulatory bo	ody?	This	s inc	lude	s bu	it is	not l	mited	to any
	voluntary termination of a license. No Yes If yes, complete the Disciple				OHIN	2 6110	n wi	lii a	uis	cipiin	ary a	

13.	A.	guilty, regardle	ness/Organization or any member of Responsible Managements of the manner of adjudication, in any jurisdiction of the United Any plea of nolo contendere shall be considered a conviction.						
		No ☐ Yes ☐	If yes, complete the <u>Criminal Conviction Reporting Form.</u>						
	B.	regardless of t last two (2) year No	ness/Organization or any member of Responsible Manageme the manner of adjudication, in any jurisdiction of the United State ars? Any plea of nolo contendere shall be considered a conviction of the United State ars? State of the Criminal Conviction Reporting Form.	s of any misdemeanor within the					
14.	•	I am aware t	ication, I certify the following statements: that submitting false information or omitting pertinent or material vill delay processing and may lead to license revocation or denial						
	•	requested lic	the Board of any changes to the information provided in this tense, certification, or registration including, but not limited to any hisdemeanor (in any jurisdiction).						
	•	person, or a	he Department to verify information concerning me or any state any source the department may contact. I also agree to prese equested 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.						
	•		nis profession under the provisions rbers and Cosmetology, Board for						
		(sole propriet	for all Responsible Management is required: or, partners of a general partnership, managing partner of a limited nanagers/members of a limited liability company, or officers of a corpora						
	1.	Print Name	Title						
		Signature		Date					
	2.	Print Name	Title						
	3.	Print Name	Title						
		Signature		Date					
	4.	Print Name	Title						
		Signature		Date					
	5.	Print Name	Title						
		Signature		Date					
			(Photocopy this sheet if additional signatures are needed.)						