



**Virginia Board for Barbers and Cosmetology
 SALON, SHOP, SPA, & PARLOR LICENSE 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)	License Type	Initial (1020)
	\$220.00*		\$220.00*
1304 - Barber Shop	<input type="checkbox"/>	1232 - Tattoo Parlor	<input type="checkbox"/>
1202 - Cosmetology Salon	<input type="checkbox"/>	1238 - Permanent Cosmetic Tattoo Salon	<input type="checkbox"/>
1208 - Nail Salon	<input type="checkbox"/>	1242 - Body-Piercing Salon	<input type="checkbox"/>
1218 - Waxing Salon	<input type="checkbox"/>	1257 - Ear-Piercing Salon	<input type="checkbox"/>
1266 - Esthetics Spa	<input type="checkbox"/>	1246 - Ear-Piercing Earlobe Only Salon	<input type="checkbox"/>

* Application fee is per each license type.

1. Provide a **current or previously** issued license as a **Shop, Salon, Spa, or Parlor** issued by the Board for Barbers and Cosmetology - (if applicable).

Virginia License Number

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 Expiration Date _____

2. Shop/Salon/Spa Name (Complete A or B, as appropriate)

A. Business Name _____

- Provide the name 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 organization/business. 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 below 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 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.

4. 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, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

B. State Corporation Commission Number: _____ (If applicable)

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

5. Provide **one** 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**

- -
 Social Security or Virginia DMV Number (123-45-6789)

Virginia Department of Motor Vehicles Control Number

- 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.

6. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

 City State Zip Code

7. Street Address (PO Box not accepted)

Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED*

 City State Zip Code

Check here if this location is a mobile facility.

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

8. Contact Numbers

 Primary Telephone Alternate Telephone

9. Email Address

 Email address is considered a public record and will be disclosed upon request from a third party.

10. List all member of **Responsible Management** (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 the business/organization).

Individual's Full Legal Name	Title	Address	Social Security No. or VA DMV Control No.*	Date of Birth

* 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.

11. 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.

12. 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 by any (including Virginia) local, state, or national regulatory body?

- No
 Yes If yes, complete the Denial of Licensure Reporting Form.

13. 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.

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

Signatures for all Responsible Management is 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 _____		
	Signature _____	Date _____	
2.	Print Name _____		
	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.)