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

Department of Professional and Occupational Regulation

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 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)	Reinstatement (4020)
	$170.00*	$340.00*
1304 - Barber Shop	☐	☐
1202 - Cosmetology Salon	☐	☐
1208 - Nail Salon	☐	☐
1218 - Waxing Salon	☐	☐
1266 - Esthetics Spa	☐	☐

* Application fee is per each license type.

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

   Virginia License Number ☐☐☐☐☐☐☐☐☐☐ 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 www.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***
☐ ***Virginia*** Department of Motor Vehicles Control Number
☐☐☐ - ☐☐ - ☐☐☐☐
Social Security or 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.*

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)
PHYSICAL ADDRESS REQUIRED

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

_____
City _____ State _____ Zip Code _____

8. Contact Numbers
Primary Telephone _____ Alternate Telephone _____ Fax _____

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 in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing by any (including Virginia) local, state or national regulatory body?
No ☐
Yes ☐ If yes, complete the Denial of Licensure Reporting Form.

13. A. 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 20 years? *Any plea of nolo contendere shall be considered a conviction.*
No ☐
Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

B. Has this **Business/Organization** or any member of **Responsible Management** 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 (2) 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 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.*

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 _____

(Photocopy this sheet if additional signatures are needed.)