



Virginia Board for Barbers and Cosmetology
LIMITED TERM TATTOO PARLOR LICENSE APPLICATION
Fee \$170.00

**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.**

LICENSE IS EFFECTIVE FOR ONLY FIVE CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

- Registered Name of Parlor _____
- Trade, "Doing Business As" (DBA), or Fictitious Name[▲] of Parlor _____
▲ 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.
- 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** - -
Social Security or Virginia DMV Number (123-45-6789)
 Virginia Department of Motor Vehicles Control Number^{*}
^{*} 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 _____ State _____ Zip Code _____
 Check here if Street Address is the same as the Mailing Address listed above.
- Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED
City _____ State _____ Zip Code _____
- Email Address _____
- Contact Numbers _____
Primary Telephone _____ Alternate Telephone _____ Fax _____
- Scheduled dates of operation in Virginia From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

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OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1235	

9. Enter the following information for each owner (sole proprietor, general partners, association members) of the limited term tattoo parlor.

Full Name	Address	Birth Date	Social Security No. or VA DMV Control Number*

* 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 of the owners ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the [Disciplinary Action Reporting Form](#).
11. Has the parlor or any of the owners ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing **denied** by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the [Denial of Licensure Reporting Form](#).
12. A. Has the parlor or any of the owners ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Has the parlor or any of the owners ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** (excluding marijuana convictions)?
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if the salon/shop/spa/parlor or any owner are subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that the salon/shop/spa/parlor and its owners have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Tattooing Regulations*.

Signature _____ Date _____