

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, or Professional Limited Liability Company.

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

♦ If your business is a **corporation, limited liability company, or limited partnership**, your business name 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.

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)

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.

B. 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 **misdemeanor involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury** within the last two (2) years? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

18. 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, Tattooing, 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 _____	Title _____
	Signature _____	Date _____
2.	Print Name _____	Title _____
	Signature _____	Date _____
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.)

(Important **Curriculum Package Instructions** to follow.)

Important Curriculum Package Instructions

In addition to the School License Application, you are required to submit a curriculum including, but not limited to, the information listed below. Applications lacking the required information will be rejected and returned. Detailed Instructions are available on the board's website located at www.dpor.virginia.gov/Boards/BarberCosmo/. Should you have any questions or require additional clarification, please contact the board staff at (804) 367-8509.

PHOTOCOPIES OF OUTLINES, GLOSSARIES AND OTHER INFORMATION FROM TEXTS AND BOARD REGULATIONS WILL NOT BE ACCEPTED!

1. **Course syllabus**
The course syllabus should contain an outline and brief statement of the main points of the text, lecture and course of study.
2. **Detailed course outline**
The outline shall include, but not be limited to those items set out in the *Board for Barbers and Cosmetology Regulations, Wax Technician Regulations, Tattooing Regulations and Esthetics Regulations*.
3. **Sample of five lesson plans**
The lesson plans must be *actual* lesson plans that will be used in the instruction of students at the school applying for licensure. Previously approved lesson plans for other schools will not be accepted. You may submit lesson plans developed for your curriculum.
4. **Sample of evaluation methods to be used**
Explain and provide examples of how students will be evaluated for grading and progress report purposes. Please include both the written and practical portions of the program.
5. **Breakdown of hours and/or performances for all courses to be taught which lead to licensure**
This material *may* be included in the detailed course outline (#2).
6. **Example of the method by which performance will be recorded**
7. **Sketch of the school floor plan**
This sketch must include the classroom and clinic areas within the school.
8. **Days and hours of operation**
This must include a list of holidays and other special date that will be closed.
9. **An example of a test you will administer to students**
10. **Esthetics schools must submit a list of the equipment used in training, as required by 18 VAC 41-70-210A-D**
11. **Esthetics schools that award credit in accordance with Section 18VAC41-70-190.D. of the Esthetics Regulations, must submit copies of the assessment policy, method of evaluation of transcripts, and the examination to be used in making the assessment.**

Online Instruction:

For schools requesting online instruction approval:

- Items 1 - 10 listed above in the Curriculum Package must be submitted for Online Instruction approval. Specifically, items 1, 2 & 5 should include the specific sections of the program that will be considered for online instructions and specifically how this will be managed and performed.
 - a. Only certain sections of the curriculum may be offered for online instruction. These sections of the curriculum should be considered **common** to all professional types regulated by the Board. The sections of the curriculum that may be considered, but are not limited to, the following:

Orientation, School Policies, State laws and regulations, Health and safety, Personal hygiene, Sanitation and sterilization, Ethics, Salon/shop/parlor management, Analyzing skin or scalp conditions, Anatomy, Client consultation, and Care of equipment.

- b. If a part of the online instruction is **not common** across all professional types and the school would like to offer online instruction, contact the Board to determine eligibility.
 - *For example, tattooing sterilization requirements are specific and unique to that the Tattooing profession, and would not be eligible for online instruction.*
- c. All examination for Online Instruction must be completed on-site, in a “traditional brick and mortar” classroom. Schools must provide documentation that it utilizes technologies and practices that are effective in verifying the identity of distance learning students, both initially in person (via photo ID) and subsequently during the online coursework (via secure login and pass code).
- d. Instructor programs are **not eligible** for Online Instruction.