

## ESTABLISHMENT APPLICATION CHECK LIST/ RESPONSIBILITIES /REQUIREMENTS

### **Establishment Application Check List :**

- A completed establishment application along with a check or money order made payable to the Board of Barbering and Cosmetology (Board) for \$50.00.
- Signed application.
- Affidavits are attached for all owners of the establishment.
- Closure form is enclosed (if applicable.)
- All owners** have paid all outstanding fines owed to the Board. (A new establishment application may not be issued until all outstanding fines have been paid.)

### **Owner Responsibilities:**

- The owners(s) of an establishment license as well as all operators shall be responsible for implementing and maintaining the Board's laws and regulations.
- All establishments that provide barbering, cosmetology and electrology services are subject to inspections by the Board. If violations are found, both the owner(s) and all operators may be issued a citation and assessed an administrative fine ranging from \$25 to \$1,500 per violation.
- All operators performing barbering, cosmetology and electrology services shall have a valid license that is displayed at their primary work station. **Note:** The Board recommends that owners verify the license of each individual prior to employment online at [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)
- An establishment shall at all times be in the charge of a person licensed, except an apprentice.
- The Board's Health and Safety poster and the establishment's license shall be conspicuously posted in the reception area. **Note:** The establishment license is only valid to the specific location listed on the license and to the individual(s) issued the license. If you move to a different location or add or delete a partner, you must obtain a new establishment license.

### **Establishment Requirements:**

- Hot and Cold Running Water - At least one sink with hot and cold running water shall be provided in each work area or work room.
- Hand Washing Facilities - Every establishment shall provide adequate hand washing facilities, including soap, paper towels or air hand dryers and hot and cold running water located within or adjacent to the toilet room.
- Drinking Water - Potable drinking water shall be available to patrons and employees. **Note:** New buildings and remodels may be required by local building permit authorities to have a drinking fountain. Please check with your local city or county for building requirements.
- Toilet Facilities - Every establishment shall provide at least one public toilet room located on or near the premises, for its patrons. No restroom shall be used for storage. For detailed requirements please see The Barbering and Cosmetology Act, section 7351.
- Cleanliness and Repair - All establishments shall keep the floors, walls, woodwork, ceilings, furniture, furnishing and fixtures clean and in good repair.
- One covered waste receptacle for the disposal of hair.
- Closed receptacles to hold all soiled towels, gowns and sheets in public areas.
- Closed, clean cabinets to hold all clean towels.
- Containers for disinfectant solution for instruments and equipment to be disinfected.
- Disinfectant solution mixed according to manufacturer's directions, available for use at all times.
- Manufacturer-labeled container for the disinfectant used must be available at all times.



## APPLICATION FOR ESTABLISHMENT LICENSE

### \$50.00

<b>For Office Use Only</b>		
<i>ATS#</i>	<i>License #</i>	<i>County Code</i>

### SECTION A: ESTABLISHMENT INFORMATION

Name of Establishment (Please print clearly)		Telephone Number (     )	
Street Address (Include suite number if applicable and please print clearly)	City	CA	Zip Code
Is this establishment located in a home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date you plan to open or took over this establishment? _____			
Are you changing the location of an existing establishment that you own?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please complete the closure form attached.			

### SECTION B: OWNERSHIP (Individual, Sole Proprietorship, Partnership, Corporation or LLC) Complete only ONE section that applies to the type of ownership established for your business. All owners listed must attach an Affidavit with this application.

**Complete ONLY the section that applies to the type of ownership established for your business.**

- **Individual License:** One person will control all ownership liabilities, requirements, and responsibilities of the establishment. If this category applies to you, provide your name and social security number in the appropriate sections.
- **Sole Proprietorship:** A married couple who will share all ownership liabilities, requirements, and responsibilities of the establishment. If this category applies to you, each person is to provide their name and social security number in the appropriate sections.
- **Partnership:** A number of individuals will share all ownership liabilities, requirements, and responsibilities of the establishment. If this category applies, each person is to provide his/her name in the appropriate sections, along with the partnership's **Federal Employer Identification Number (F.E.I.N.)**. If you are operating your business as a PARTNERSHIP and do not have a Federal Employer Identification Number (FEIN), you **MUST** contact the Internal Revenue service (IRS) to obtain one. Your application will not process with out the FEIN.
- **Corporation/LLC:** A corporation registered with the State of California, Secretary of State, will be responsible for all liabilities and requirements of the establishment. The name of the corporation, along with all officer's names and titles, as well as the **Tax Identification Number** for the corporation. Corporations must be registered with the California Secretary of State and be issued a Tax Identification Number from the IRS for the corporation.

#### If Owner is an Individual, complete the following: All owners listed must attach an Affidavit.

Last Name	First Name	Middle Name
<b>(OR) If Owner is a SOLE PROPRIETORSHIP: Must be married couple filing joint income taxes. All owners listed <u>must</u> attach an Affidavit.</b>		
Last Name	First Name	Middle Name
Last Name	First Name	Middle Name

## SECTION B: CONTINUED

**(OR) If Owner is a PARTNERSHIP:** List ALL partners' names. Attach a separate sheet if needed. All owners listed must attach an Affidavit.

Federal Employer Identification Number (FEIN)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name			First Name				Middle Name				
<input type="text"/>			<input type="text"/>				<input type="text"/>				
<input type="text"/>			<input type="text"/>				<input type="text"/>				
<input type="text"/>			<input type="text"/>				<input type="text"/>				

**(OR) If owner is a CORPORATION/LLC:** All owners or members must complete Affidavit.

Name of Corporation/LLC				Federal Employer Identification Number (FEIN)						
<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title/Member		Last Name		First Name			Middle Name			
<input type="text"/>		<input type="text"/>		<input type="text"/>			<input type="text"/>			
<input type="text"/>		<input type="text"/>		<input type="text"/>			<input type="text"/>			
<input type="text"/>		<input type="text"/>		<input type="text"/>			<input type="text"/>			
<input type="text"/>		<input type="text"/>		<input type="text"/>			<input type="text"/>			

## SECTION C: OWNERSHIP QUESTIONS Only ONE establishment license can be issued per ADDRESS.

- Was this location vacant when you moved in?
  - Yes, continue to Section D.
  - No, what type of business was in the location \_\_\_\_\_
- Are you purchasing or taking over an existing cosmetology establishment?
  - No, continue to Section D.
  - Yes, have the previous owner complete the form entitled "Request for Cancellation of Establishment License" and attach the form to this application.

If you are unable to have the previous owner complete the request for cancellation form, please list the name of the prior establishment \_\_\_\_\_ and/or the License # \_\_\_\_\_.

## SECTION D: CERTIFICATION

I/We certify under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct to the best of my/our knowledge and that the establishment will meet all the requirements set forth in the Barbering and Cosmetology Act & the California Code of Regulations **before opening business.**

### WHO MUST SIGN THIS FORM:

IF INDIVIDUAL OWNERSHIP: **THE OWNER**  
 IF A SOLE PROPRIETORSHIP: **HUSBAND AND WIFE /DOMESTIC PARTNERS**  
 IF A PARTNERSHIP: **AUTHORIZED PARTNERS**  
 IF A CORPORATION or LLC: **THE PRESIDENT, THE TREASURER OR MEMBERS**

X _____ Signature	_____ Date	X _____ Signature	_____ Date
X _____ Signature	_____ Date	X _____ Signature	_____ Date



## AFFIDAVIT

Please print clearly. Make additional copies as needed.

I am completing this Affidavit as a:			
<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partner <input type="checkbox"/> Corporation Officer <input type="checkbox"/> LLC			
Last Name		First	Middle Initial
Resident address (Not Establishment Address)		City	State    Zip Code
Phone Number (    ) (    ) (    )	Fax Number (    ) (    ) (    )	E-mail Address	
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
Do you hold or have your held any additional licenses issued by the Board of Barbering and Cosmetology? <b>If yes, list license types, numbers:</b> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding fines owed to the Board of Barbering and Cosmetology? <b>If "yes," you may not be issued an establishment license until all fines are paid in full.</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a legal name change? <b>If yes, provide any other names used:</b> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? <b>If yes, answer the following questions. Attach additional pages if needed.</b> <span style="color: red; font-size: small;">Your application will be delayed by 2 to 6 months, if the information provided is not complete</span>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction(s): _____ Type of Violation(s): _____ _____ Court(s) Where Conviction(s) Occurred: _____ Penalties Received: _____			
<ul style="list-style-type: none"> <li>Include copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation.</li> <li>A letter from you describing the underlying circumstances of arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems.</li> </ul> Include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under California Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).			
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country? <b>If "yes," please attach an explanation that includes license type, action, and company name (if applicable), year of action and state that it occurred in.</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing affidavit, including all supplementary statements.			
X Signature		Date	
<b>FOR OFFICIAL USE ONLY</b>			
Date Sent to Enforcement		Enforcement Approval	Date



## REQUEST FOR CANCELLATION OF AN ESTABLISHMENT LICENSE

**Instructions to Licensee:** Complete this form if you are closing your establishment or selling your establishment to another individual. If you are selling your establishment, the new owner must apply for a new establishment license by submitting the appropriate application and fee.

### SECTION A: ESTABLISHMENT INFORMATION

License Number

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Name of Establishment

Telephone Number  
(    )

Establishment Address

City

State

Zip  
Code

Name of Owner/Corporation

State

Zip  
Code

I sold this Business to \_\_\_\_\_

Effective: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

I closed this business effective on: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

**X** \_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date



State and Consumer Services Agency – Governor Edmund G. Brown Jr.



**BOARD OF BARBERING AND COSMETOLOGY**  
P.O. Box 944226, Sacramento, CA 94244-2260  
P (800) 952-5210 F (916) 575-7281 [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

### **INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

#### **AGENCY NAME**

Board of Barbering and Cosmetology

#### **TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE**

Executive Officer

#### **ADDRESS**

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

#### **INTERNET ADDRESS**

[www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

#### **TELEPHONE AND FAX NUMBERS**

(916) 574-7570 phone (916) 575-7281

#### **AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION**

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

#### **CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:**

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

#### **PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED**

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

#### **ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION**

Your completed application becomes the property of the board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law.

**Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

#### **SOCIAL SECURITY NUMBER (SSN) DISCLOSURE**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

#### **AB 1424**

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.