# BOARD OF BARBERING AND COSMETOLOGY
# Establishment Instructions and Application

www.barbercosmo.ca.gov

## GENERAL INFORMATION

**Board of Barbering and Cosmetology**
**Administrative Office**
400 "R" Street, Suite 5100
Sacramento, CA 95814-6237

**Office Hours**
8:00 a.m. to 5:00 p.m. Monday - Friday
Closed on all State and Federal Holidays

**Mailing Address**
P.O. Box 944226
Sacramento, CA 94244-2260

**Web Site Address**
www.barbercosmo.ca.gov

**Phone Numbers**
***Department of Consumer Affairs, Consumer Information Center:***
1(800) 952-5210 (916) 445-7061

***ALL Applications:***
(916) 323-9020
*fax*: (916) 445-7005

### Please sign and date your Application

- **The initial license fee of $50.00 (fifty dollars) MUST accompany this application. Send a check or money order to the Board**
- **Make all checks and money orders payable to the Board of Barbering and Cosmetology**

## DO NOT SEND CASH

The following signatures are required to complete this application:

- **if an individual ownership**: The Owner
- **if a sole proprietorship**: The Husband & Wife
- **if a partnership**: ***ALL*** Partners
- **if a corporation**: The President or Treasurer of the Corporation

## APPLICATION INFORMATION

**Application for Establishment License**
Please type or print legibly in ink.

**1**. In the spaces provided, provide the establishment's name, telephone number including area code, and complete address.

**2**. Provides you with a variety of ownership categories. ***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 husband and wife / domestic partners 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.)**.
- **Corporation**: 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.**

### Limited Liability Companies

Pursuant to State law, the Board of Barbering and Cosmetology has the legal authority to issue establishment licenses to Limited Liability Companies (LLC).

**Social Security Number is Mandatory**

*Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA Section 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board*

**Federal Employer Identification Number (FEIN) Requirements**

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 processed with out the FEIN

**Corporations Requirements**

Must be registered with the California Secretary of State and be issued a Tax Identification Number from the IRS for the corporation

**Complete the Application**

Answer questions **3**, **4**, and **5**. If you (or any of your partners) answered ***YES*** to any of these questions, please provide the requested information in Section 8 of the ***Application for Establishment License*** (attach a separate sheet of paper to the application, if necessary).

**6**. Please provide an alternate address and telephone number of the owner, principal partner, or corporate officer who will receive correspondence from the Board of Barbering and Cosmetology. ***This cannot be the business address unless the business address is located in the residence***.

# APPLICATION FOR ESTABLISHMENT LICENSE CHECKLIST

**What you need to do to successfully submit an *Application for Establishment License* to the Board for approval:**

- ✓ **Complete, sign, and date the *Application for Establishment License*.**
- ✓ **Fill out the correct ownership section that applies to you.**
- ✓ **Make sure you have entered your F.E.I.N. and/or Social Security Number or tax identification number in the necessary sections of your application.**
- ✓ **Before your barber shop/salon is issued an establishment license, make sure that all establishment facility requirements pursuant to Sections 7346 through 7353 of the Business and Professions Code and Sections 978 through 995 of the Rules and Regulations are met and will pass inspection by the Board of Barbering and Cosmetology.**
- ✓ **Write a check or money order (do not send cash) for the license fee.**
- ✓ **Finally, mail your application, fee, and any other necessary forms to the:**

**Board of Barbering and Cosmetology**
**P.O. Box 944226**
**Sacramento, CA 94244-2260**
**www.barbercosmo.ca.gov**

## APPLICATION INFORMATION (cont.)

**Limited Liability Companies**
Pursuant to State law, the Board of Barbering and Cosmetology does not have legal authority to issue establishment licenses to Limited Liability Companies (LLC). Until such time as new legislation is adopted, the issuance of an establishment license to LLCs by this Board is prohibited. Please contact the Board if you have any additional questions or concerns regarding Limited Liability Companies.

## ESTABLISHMENT REQUIREMENTS

**Salon/Barber Shop Requirements**
Before an establishment may open for business, the following facility requirements must be met to ensure that customer and employee health and safety standards, as well as statutes mentioned in the Barbering and Cosmetology Act and the Board's Rules and Regulations, are met.

The following facility requirements must be met before an establishment may open:

- Water supply: at least one sink with hot and cold running water shall be provided in each work area or workroom. (995b)
- Drinking water: drinking water shall be available to patrons and employees. Individual paper cups shall be provided or a sanitary drinking fountain installed. (995c)
- Hand washing facilities: every establishment shall provide adequate and convenient hand washing facilities, including running water, soap and approved sanitary towels. (7352)
- Toilet facilities: every establishment shall provide at least one public toilet room, located on or near the premises, for its patrons. Any toilet room installed on or after July 1, 1992, shall be not less than 18 square feet in area. The entrance to the room shall be effectively screened so that

## ESTABLISHMENT REQUIREMENTS (cont.)

no toilet compartment is visible from any workroom. The room shall be kept in a clean condition and in good repair, well lighted and ventilated to the outside air, and effectively screened against insects and free from rodents. The floor shall be of concrete, tile laid in cement, vitrified brick, or other nonabsorbent material. All sewer drains shall be connected to an approved disposal system, and shall be properly trapped. No restroom shall be used for storage. (7351)

- An establishment shall have a direct entrance, separate and distinct from any entrance in connection with private quarters.(7350)
- At least one covered waste receptacle for the disposal of hair.(978a)
- Closed receptacles to hold all soiled towels, gowns and sheets in public areas. (978)
- Closed cabinets to hold all clean towels.
- Container(s) for disinfectant for instruments and equipment to be disinfected.(978)
- Cleanliness and Repair: Floors, walls, woodwork, ceilings, furniture, furnishings and fixtures shall be kept clean and in good repair.(994)

**Requirements for a Home Salon** (7350)

- An establishment shall have a direct entrance, separate and distinct from any entrance in connection with private quarters.
- No person having charge of an establishment, whether as an owner or an employee, shall permit any room or part thereof in which any occupation regulated under this chapter is conducted or practiced to be used for residential purposes or for any other purpose that would tend to make the room unsanitary, unhealthy, or unsafe, or endanger the health and safety of the consuming public.

## ESTABLISHMENT INFORMATION

**NOTE:** Check with the city or county in your area to be sure your business can be located in a residential area.

**Please refer to Sections 7346 through 7353 of the Barbering and Cosmetology Act and Sections 978 through 995 of the Rules and Regulations for complete and specific facility requirements for establishments.**

**Inspection of Your Establishment**
Within 90 days after issuance of the establishment license, you may be inspected for compliance with all applicable requirements. (7353)

To assure compliance with the laws and regulations governing the operation of establishments, the Board's authorized representatives shall have access to the premises of any establishment, at any time that the practice of barbering, cosmetology or electrology is being conducted.(7313a)

Refusal to permit, or interference with, an inspection constitutes a cause for disciplinary action. [7404(l)]

**Services Performed Outside of a Licensed Establishment**
The Barbering and Cosmetology Act does allow the practice of barbering or cosmetology outside of a licensed establishment **when provided to persons who are ill or otherwise physically incapacitated, as long as the services are performed by a licensee obtained for the purpose from a licensed establishment (7318).**

An itinerary of your services performed should be kept at the establishment from which you work. This will not only serve as proof that you are practicing in accordance with Section 7318, but will allow the Board the opportunity to inspect your services just as it does the services of licensees in fixed-location establishments. You must meet and follow all applicable health and safety regulations while performing services for the incapacitated. You must also take your license with you on all jobs.

**BOARD OF BARBERING AND COSMETOLOGY**
**P.O. BOX 944226**
**SACRAMENTO, CA 94244-2260**
**INFORMATION: (916) 323-9020**

# APPLICATION FOR ESTABLISHMENT LICENSE

**APPLICATION AND LICENSE FEE -- $50**

(Please type or print legibly in ink)

***For Office Use Only***

***ATS#*** ***County Code:***

License Number:

Date Issued: By:

| 1) Name of Establishment | | Telephone Number ( ) |
|---|---|---|
| Street Address (Include suite number if applicable) | City | Zip Code |

**2) OWNERSHIP (Complete only the *ONE* section that applies to the type of ownership established for your business)**

| ❑ **INDIVIDUAL** | Name of Owner | Social Security Number |
|---|---|---|

**(OR)**

❑ **SOLE PROPRIETORSHIP (Must be a married couple filing joint income taxes.)**

| Name of Husband | Social Security Number |
|---|---|
| Name of Wife | Social Security Number |

**(OR)**

❑ **PARTNERSHIP (List names of *ALL* partners, even if not actively involved in the business. Attach a separate sheet if needed.)**

| Name of Partner | Federal Employer Identification Number (FEIN) |
|---|---|
| Name of Partner | Name of Partner |
| Name of Partner | Name of Partner |

**(OR)**

❑ **CORPORATION (You must be a corporation registered with the California Secretary of State to show corporate ownership.)**

| Name of Corporation | | | Tax Identification Number |
|---|---|---|---|
| Officer Name | Title | Officer Name | Title |
| Officer Name | Title | Officer Name | Title |

**3) Please answer all of the following questions. This information is necessary to update the Board's records.**

a. Are you purchasing this establishment (salon) from another party? ❑ YES ❑ NO

If YES, name of previous owner / salon name: _____

Previous license number of this establishment: _____

b. Are you opening your establishment (salon) in the same space as an establishment previously licensed by the Board? ❑ YES ❑ NO

If YES, name of previous owner: _____

Previous license number of this establishment (if known): _____ _____

c. Are you changing the location of your establishment (salon), i.e., closing another location and opening this one? ❑ YES ❑ NO
If YES, please write the license number and address of the old establishment in Section 8 on the back of this form.



**IMPORTANT: SIGNATURE(S) ARE REQUIRED ON THE BACK OF THIS FORM!**

| | |
|---|---|
| **4)** Have you, any partner, or corporate officer ever applied for or received a license or registration certificate from the Department of Consumer Affairs? (***THIS WOULD INCLUDE AN ESTABLISHMENT LICENSE OR PERSONAL LICENSE*** issued by the old Board of Cosmetology, the old Board of Barber Examiners, the old Board of Barbering and Cosmetology, the old Barbering and Cosmetology Program, the old Bureau of Barbering and Cosmetology, or the current Board of Barbering and Cosmetology.) ***IF YES, PLEASE PROVIDE THE LICENSE NUMBER(S), AND THE NAME APPEARING ON THE LICENSE(S) IN SECTION 8 ON THE BOTTOM OF THIS FORM.*** | ❑ YES ❑ NO |
| **5)** a. Have you, any partner, or corporate officer had any license denied, suspended or revoked by any state, territory, or governmental agency? If YES, provide the name appearing on the license, governmental agency, license number, date, and reason in Section 8. | ❑ YES ❑ NO |
| b. Have you, any partner, or corporate officer been convicted of a criminal offense, felony, or misdemeanor (or entered a plea of nolo contendere) other than a minor traffic violation? (Convictions dismissed under Penal Code Section 1203.4 must be disclosed.) If YES, for each conviction, provide name of the person convicted, date, conviction, location of crime, and sentence in Section 8. | ❑ YES ❑ NO |
| c. Have you ever used a name other than your present legal name? If YES, provide all previous names used in Section 8. | ❑ YES ❑ NO |

**6)** Alternate Address: Enter the **RESIDENCE** address and telephone number of the owner, principal partner, or corporate officer.
This cannot be the business address unless the business is located in the residence. **Check here if the business is located in the residence:** ❑

| Name of Individual | Title | Telephone Number ( ) |
|---|---|---|
| Street Address (Include Apt. Number) | City | Zip Code |

**7)** "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 Board's Rules and Regulations ***before opening business***."

**WHO MUST SIGN THIS FORM:**

IF INDIVIDUAL OWNERSHIP: **THE OWNER**
IF A SOLE PROPRIETORSHIP: **HUSBAND AND WIFE**
IF A PARTNERSHIP: ***ALL* PARTNERS**
IF A CORPORATION: **THE PRESIDENT OR THE TREASURER**

X_____ _____ X_____ _____
Signature Date Signature Date

X_____ _____ X_____ _____
Signature Date Signature Date

**8) Explanation/Comments (attach additional pages if necessary)**

_____

_____

_____

_____

_____

_____

_____

**ALL LICENSES WILL BE MAILED TO ESTABLISHMENT ADDRESS ONLY.**
**THE ESTABLISHMENT LICENSES WILL NOT BE SENT TO YOUR PRIVATE ADDRESS.**
**Make check or money order for the application and license fee ($50) payable to:**
**The Board of Barbering and Cosmetology**
**DO NOT SEND CASH**