

FOR OFFICE USE ONLY

License # _____

Name _____



**Rhode Island
Board of Hairdressing & Barbering**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As A***

Shop Space

THIS APPLICATION IS TO BE USED BY INDEPENDENT CONTRACTORS WHO ARE RENTING SPACE WITHIN A LICENSED RHODE ISLAND COSMETOLOGY FACILITY.

FOR OFFICE USE ONLY
Application Approved:
License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

Applicant - Print Name (Last)

(First)

(Middle Initial)

Applicant - RI Cosmetology License Number

Applicant - Home/Cell Phone Number

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer Application Fee (\$170.00) attached to the upper left-hand corner of the first (Top) page of the application. FEES ARE NONREFUNDABLE.

Licensure Information

A space license is non-transferable. If, at any point, you seek to rent space in a different shop, a new space application must be completed.

An individual renting space within a shop is automatically considered the manager of that space, therefore, a manager application form does not need to be completed with this application.

The shop in which the applicant wishes to rent must be currently licensed in Rhode Island and therefore an inspection of the rental space is not required.

Rental spaces must be renewed yearly and expire July 1st of every year. Shops initially licensed prior to April 21st are required to renew in the July renewal of the same year. A renewal form will automatically be sent to the address provided in the application. Any change in address must be sent to the Department within ten (10) days.

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

Name of Hair Salon: _____

Located at: _____

List of Services to be Provided

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

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Services Covered by Licenses Held

Checked by _____ Date: _____