| RHO<br>STATE OF D | DE)<br>WISLAND |
|-------------------|----------------|
|                   |                |
|                   |                |
| The co            |                |

| ***FOR OFFICE USE ONLY*** |
|---------------------------|
| Signature:                |
| Receipt #:                |
| ID#:                      |
| Issue Date:               |
| License #                 |

### Rhode Island License # Board of Hairdressing and Barbering Room 104 3 Capitol Hill Providence, RI 02908-5097

# Instructions and Application For

|                                 | Shop License<br>Hair Design Shop                         |  |  |
|---------------------------------|--|--|--|
| #                               | $\Box$ Manicuring Shop                                   |  |  |
| Jicense #                       | Esthetics Shop   |  |  |
|                                 | Opening Date:  |  |  |
| • -                             | archasing this salon from another owner? Yes No          |  |  |
| If yes, who was the owner?      |  |  |  |
| What was the name of the salon? |  |  |  |
| •                               | osing a salon and relocating it to a new address? Yes No |  |  |
|                                 |  |  |  |

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\*\*\*Detach Page - Do Not Submit With Application \*\*\*

### 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<br>Application Fee (\$170.00) attached to the upper left-hand corner of the first (Top) page of the application. FEES<br>ARE NONREFUNDABLE.  |
| List of services that will be provided in the salon (a form is included in this application for that purpose)  |
| Supervising (Licensed) Shop Manager (form is included in this application for that purpose)<br>Manager must have been licensed for at least one (1) year immediately prior to submission of this application<br>Supervising Manager shall only be registered to manage one (1) shop at a time<br>Licensed Manicurists may only act as Supervising/Shop Managers at Manicuring Shops<br>Licensed Estheticians may only act as Supervising/Shop Managers at Esthetics Shops<br>Licensed Barbers may only act as Supervising/Shop Managers at Hair Design Shops<br>Licensed Hairdressers may act as Supervising/Shop Managers at <u>all</u> shops |
| Shop License Compliance Attestation (form is included in this application to be used for that purpose)   |
| Zoning Letter - must be completed by the city/town building inspector of the city or town where your shop will be located.   |

If there are going to be independent contractors working in this salon, they will need to submit a Space Rental Application that is separate from this application. This application can be found on our website listed below.

#### Inspection Information

An inspection of your shop/salon must be conducted before the business license can be issued. These inspections are scheduled by the Department of Health. We will contact you to schedule the inspection.

Once your application is complete with all required documents, the license will be issued and you may open your shop/salon.

#### **Ownership Information**

You must provide name(s) and address(es) of the owner of the Shop. You may not operate a cosmetology shop under a previous owner's license. A license cannot be transferred from a previous owner to a new owner at the same location. If you move to a new location, you must re-apply for a new Shop License (You cannot transfer a shop license to another location).

#### Licensure Information

Please visit the RIDOH website at <u>http://www.health.ri.gov/licenses</u> to Verify your license, download Rules and Regualtions/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.



#### State of Rhode Island Board of Hairdressing and Barbering Application for Shop License

| Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens. |  |  |  |  |
|--|--|--|--|--|
|  |  | ······                                       |  |  |
| 1. Shop Name:  |  |  |  |  |
|  | Shop/Facility Name   |  |  |  |
| 2. Owner Name:   |  |  |  |  |
| Provide the name of the  |  |  |  |  |
| owner of the shop.   | First Name Middle Name Surname, (Last Name)  |  |  |  |
| 3. Name of   |  |  |  |  |
| Supervising/   | Supervising/Shop Manager License Number  |  |  |  |
| Shop Manager<br>Provide the name of the  |  |  |  |  |
| licensed individual who  | First Name   |  |  |  |
| is responsible for the<br>day-to-day operations  |  |  |  |  |
| of the shop. NOTE: A change in the supervising/  | Middle Name  | <u>+                                    </u> |  |  |
| shop manager requires<br>written notification to the   | Surname, (Last Name)   |  |  |  |
| BOARD.   |  |  |  |  |
|  | Suffix (i.e., Jr., Sr., II, III)     Area Code     Phone Number     Extension      | Unlisted?                                    |  |  |
| 4. Shop Mailing  |  |  |  |  |
| Information:   | I   I   I   I   I   I   I     First Line Address                                   |  |  |  |
| Please provide the mailing   |  |  |  |  |
| information for all com-<br>munication regarding this  | Second Line Address  |  |  |  |
| license. It is your responsi-  |  |  |  |  |
| bility to notify the board of all address changes.   | Third Line Address   |  |  |  |
| This information   | CityState/Province Zip Code  |  |  |  |
| <u>will NOT</u> appear on  |  |  |  |  |
| the HEALTH Web site.   | Country, If <u>NOT</u> U.S. Postal Code, If <u>NOT</u> U.S.                        |  |  |  |
|  | Mailing Address Phone     Extension     Mailing Address Fax                        |  |  |  |
|  | Mailing Address Phone Extension Mailing Address Fax                                |  |  |  |
|  | Email Address (Format for email address is Username@domain e.g. applicant@isp.com) |  |  |  |
| 5. Shop  |  |  |  |  |
| Location   | First Line Address   |  |  |  |
| Information:   |  |  |  |  |
|  | Second Line Address  |  |  |  |
|  |  |  |  |  |
|  | Third Line Address   |  |  |  |
|  | City State/Province Zip Code   |  |  |  |
|  |  |  |  |  |
| This information   | Facility Phone Extension Facility Fax  |  |  |  |
| <u>will</u> appear on the<br>HEALTH Web site.  |  |  |  |  |
|  | Email Address (Format for email address is Username@domain e.g. applicant@isp.com) |  |  |  |
| 6.Type of<br>Ownership   | Corporation Limited Liability Company  |  |  |  |
| Please Check ONE   | Sole Proprietorship  |  |  |  |
|  | Governmental Entity Partnership  |  |  |  |

| 7. Ownership<br>Information:  | Name of Owner  |  |  |  |  |
|---|--|--|--|--|--|
| Provide the name<br>address and telephone   | D.B.A. (Doing Business As)   |  |  |  |  |
| number(s) of the shop/<br>facillity owner in the  | First Line Address   |  |  |  |  |
| spaces provided<br>If necessary, continue<br>below, or on a separate  | Second Line Address  |  |  |  |  |
| of<br>8 1/2 X 11" sheet of<br>paper.  | Third Line Address   |  |  |  |  |
| paper.  | City     State/Province     Zip Code   |  |  |  |  |
|   | Country, If <u>NOT</u> U.S. Postal Code, If <u>NOT</u> U.S.  |  |  |  |  |
|   |  |  |  |  |  |
|   | Phone Extension Fax  Extension Fax |  |  |  |  |
| 8. Federal  |  |  |  |  |  |
| Employer       Federal Employer Identification Number (FEIN)       "Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all owed to the State of Rhode Island, and I understand that my Federal Employer Identification that my Federal Employer Identification that my Federal Employer Identification Number (FEIN) |  |  |  |  |  |
| Number (FEIN)   | Identification Number (FEIN) will be transmitted to the Divison of Taxation to verify that no taxes are owed to the State."  |  |  |  |  |
| Mandatory   |  |  |  |  |  |
| 9. Affidavit of<br>Applicant  | I,, being first duly sworn, depose and say that I am the person  |  |  |  |  |
| Complete this sec-<br>tion and sign in the<br>presence of a notary  | referred to in the foregoing application and supporting documents.<br>I have read carefully the questions in the foregoing application and have answered them completely,  |  |  |  |  |
| public.<br>Make sure that you<br>and the notary public<br>have completed all  | without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice in the State of Rhode Island.   |  |  |  |  |
| components accu-<br>rately and completely.  | I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode<br>Island Board of Hairdressing and Barbering of any change in the answers to these questions after this<br>application and this affidavit is signed.   |  |  |  |  |
|   | The foregoing instrument was acknowledged before me this day of  |  |  |  |  |
|   | , 20, by, who is personally known to me or has produced  |  |  |  |  |
|   |  |  |  |  |  |
| as documentation and did / did not take an oath.  |  |  |  |  |  |
|   | Signature of Applicant Date of Signature (MM/DD/YY)  |  |  |  |  |
|   | Name of Notary (Print, Type or Stamp)     Signature of Notary  |  |  |  |  |
|   | Notary No/Commission No.         Commission Expiration Date (MM/DD/YY)   |  |  |  |  |
|   |  |  |  |  |  |

#### Applicant: Print your complete business name >

Located at:

### List of Services to be Provided

| 1. |  |
|----|--|
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 7. |  |
| 8. |  |

### \*\*\*FOR OFFICE USE ONLY\*\*\*

Services Covered by Licenses Held

Checked by\_\_\_\_\_ Date:\_\_\_\_\_

Substitute forms are not acceptable, copy this form as needed.



#### Rhode Island Board of Hairdressing and Barbering Room 104, 3 Capitol Hill Providence, RI 02908-5097 (401) 222-2828

#### SUPERVISING/SHOP MANAGER REGISTRATION APPLICATION\*

<u>IMPORTANT!</u> Chapter 5-10-15 of the General Laws of Rhode Island states: "...The proprietor of the licensed shop and the manager shall notify the division in writing within ten (10) days upon the termination of employment as the manager of said licensed shop. The license of said shop shall expire forty-five (45) days after the division if so notified by the proprietor if no new manager is registered with the division as the supervising manager of said shop.

| Ι  | , the proprietor or ch  | nief executive officer of   | Name of Shop   |
|--|---|---|--|
| located at   |   |   |  |
| located at   | City  |   | State Zip Code   |
| do hereby make application with the  | e Division of Professional Regulat  | tion to register  |  |
|  |   |   | Manager Name   |
| with the Board of Hairdressing and   | Barbering as the manager of said  | shop.   |  |
| Supervising/Shop Manager Resi<br>License Information   | dence and   | Recent Photograph of<br>Supervising/Shop Mar  |  |
| Name of Manager  |   | Securely tape or glue in<br>this square a current 2"<br>x 2" photograph of the<br>shop manager (alone).   |  |
| Street Address   |   | Photographs must be<br>recent, passport type<br>photo, clear, front view,   | A Geo Director Marco   |
| City   | State zipCode   | full face without a hat or dark glasses.  | Affix Photo Here   |
| Date of Birth  | Social Security Number  | Full length photos will not be accepted.  |  |
|  | Date Issued   | _   |  |
|  |   | Write manager's   | name on the back of the photograph, and have   |
| Manager's Home Telephone Number  | Shop Telephone Number   | manager sign be   | low.   |
| Shop License Number  |   | _   | Manager's Signature  |
| may only act as Supervising/Shop Manager may only act as Supervising/Shop Manager Shop Manager shall only be registered to | gers at Esthetics Shops; Licensed Mar<br>ger at Hair Design Shops; Licensed Ha<br>manage one (1) shop at a time. I do<br>likeness of the manager in my employ | nicurists may only act as Supervisin<br>irdressers may act as Supervising/S<br>solemnly swear (affirm) that I am<br>7; that I have made or read the cor | ling of the application for licensure. Licensed Esthetician<br>ng/Shop Manager at Manicuring Shops; Licensed Barber<br>Shop Manager at all shops. Furthermore, the Supervising<br>the proprietor of said shop named in this application, an<br>itents thereof, and to the best of my knowledge and belie |
|  | Si  | gnature of Proprietor   | _  |
| The foregoing instrument was ackn  | owledged before me this   | day of  | , 20, by   |
|  | , who is persona  | lly known to me or has produc   | ed   |
| as documentation and did / did not   | take an oath.   |   |  |
| Name of Notary (Print, Type or Stamp)  | Signature of Notary   |   |  |
| Notary No/Commission No.   | Commission Expiration   | n Date (MM/DD/YY)   | Notary Seal  |
|  |   |   |  |



Ι\_

Rhode Island Department of Health Board of Barbers, Hairdressers, Cosmeticians, Manicurists, Estheticians and Instructors 3 Capitol Hill, Room 104, Providence, RI 02908-5097 (401) 222-2828

## SHOP LICENSE ATTESTATION

\_, as registered owner of the following business:

(Print Name of Owner)

(Print Shop Name)

(Print Street Addressfor Shop)

(Print City/State/Zip for Shop)

(Owner Telephone Number)

attest that the shop named above is in compliance with all requirements of the <u>Rhode Island Rules and Regulations for</u> the Licensure of Barbers, Hairdressers, Cosmeticians, Manicurists, Estheticians, and Instructors [R5-10-HAIR].

I affirm that the information provided in this Attestation is true and accurate. I acknowledge that knowingly making a false statement in an application for licensure is punishable as a misdemeanor, and that such an act shall constitute cause for denial, suspension, or revocation of my license/permit to operate in the State of Rhode Island, pursuant to Rhode Island General Law 11-18-1.

I further acknowledge that the Department of Health may issue a license/permit to operate based on this Attestation and may conduct a random inspection of the shop I have listed above following the issuance of the license to operate.

| Signature of Owner  | Date of Signature                     |             |  |
|---|---------------------------------------|-------------|--|
| The foregoing instrument was acknowledged before me this        | day of, 20                            | , by        |  |
| , who is personally known to me or has produced                 |                                       |             |  |
| as documentation and did / did not take an oath.                |                                       |             |  |
| Name of Notary (Print, Type or Stamp)                           | Signature of Notary                   | Notary Seal |  |
| Notary No/Commission No.  | Commission Expiration Date (MM/DD/YY) |             |  |
| PLEASE NOTE: Incomplete forms will be returned to the applicant |                                       |             |  |
| To view the Rules and Regulations please visit:                 |                                       |             |  |
| www.healt   | th.ri.gov/licenses                    |             |  |



### TO: CITY/TOWN BUILDING INSPECTOR

FROM:RI DEPARTMENT OF HEALTH<br/>OFFICE OF HEALTH PROFESSIONALS REGULATION<br/>BOARD OF HAIRDRESSING AND BARBERING

SUBJECT: ZONING LETTER

The Rhode Island General Laws require that all establishments licensed to practice hairdressing/cosmetic therapy, manicuring, or esthetics meet local zoning law; zoned for business as a Hair Design Shop, Manicuring Shop, or Esthetics Shop.

Please complete the following:

The business establishment located in the city/town of\_\_\_\_

located at\_\_\_\_\_\_meets the requirements as stated above.

Date

Signature of City/Town Official



### **Requirements for RIDOH Inspection Compliance 2024**

You will be contacted via email to schedule your inspection. Be sure to check all spam and junk folders. All applications take several weeks to process, and all applications are addressed in the order that they are received. This document serves as a preliminary punch list and is not an actual inspection document. Links are posted below for all applications, RI regulations and RI Statutes

- Adequate running water on premises
- Sink for handwashing with soap and paper towels
- Proper storage for supplies
- Hand sanitizer available
- Owner has allowed access
- Proper licenses for ALL owners, managers, shop space renters and shop. Out of state licenses are not valid in Rhode Island
- Professional licenses posted in view
- NO animals in salon with the exception of licensed service dogs for the hearing, visually or medically impaired
- Covered receptacle for all trash and soiled linens
- Premises free of callous shavers, multi-use razors or unsanitary tools
- No latex gloves
- All mechanical and electrical equipment properly maintained
- In compliance with fire safety codes, building codes, zoning laws and OSHA standards
- Washable floor coverings. NO carpet
- Operating toilet facilities
- Lines laundered submerged in 140-degree water for a minimum of 15 minutes
- Storage for implements to prevent contaminations
- Free of advertising misleading to the public
- Premises free of permeant makeup unless there is a RI tattoo parlor license
- In compliance with rules prohibiting electrolysis
- Head rest covered with clean towel
- ALL products free of Methyl Methacrylate (MMA)
- Proper use / storage of single-use items
- Used sharps must be placed in a safety sharps container and properly disposed of
- Combs, brushes, tweezers, manicuring tools, clipper tools, etc. must be properly cleaned with an EPA-approved disinfectant. (i.e., Barbicide)
- Clean protection around clients neck
- Registered manager available at all times business is operating
- Handwashing between each client

https://health.ri.gov/licenses/detail.php?id=225