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A CONTRACTOR

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

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.

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 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 & Barbering Application for License as a Shop Space

1. Name(s)									
This is the name that	Title (i.e., Mr., Mrs., Ms., etc.)								
will be printed on your License/Permit/Cer-									
tificate and reported to those who inquire	First Name								
about your License/ Permit/Certificate. Do	Middle Name								
not use nicknames, etc.									
	Surname, (Last Name)								
	Suffix (i.e., Jr., Sr., II, III)								
2. Social Security	"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								
Number OR FEIN Number	U.S. Social Security Number taxes owed to the State of Rhode Island, and I understand that my Social								
(Mandatory)	Security Number (SSN) or FEIN number will be transmitted to the Divisor of Taxation to verify that no taxes are owed to the State."								
(Federal Employer Identification Number (FEIN)								
3. Information of									
the Shop in	Shop/Facility Name								
which you are	(*REQUIRED*)								
renting space	Shop License Number								
	1st Line Address (Apartment/Suite/Room Number, etc.)								
	The call of reduces () spatial reducer commentation, etc.)								
	Second Line Address (Number and Street)								
	City State Zip Code								
	Phone Fax								
	Phone Fax								
	Email Address (Format for email address is Username@domain e.g. applicant@isp.com)								
4. Affidavit of	hairer first duly swam dance and say that I am the manage								
Applicant	I,, being first duly sworn, depose and say that I am the persor referred to in the foregoing application and supporting documents.								
Complete this sec-									
tion and sign in the	I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by								
presence of a notary public.	me herein are true and correct. Should I furnish any false information in this application, I hereby agree that								
Make sure that you	such act shall constitute cause for denial, suspension or revocation of my license to practice in the State of								
and the notary public have completed all	Rhode Island.								
components accu- rately and completely.	I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode								
,	Island Board of Hairdressing and Barbering of any change in the answers to these questions after this 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.								
	Cignature of Applicant								
	Signature of Applicant Date of Signature (MM/DD/YY)								
	Name of Notary (Print, Type or Stamp) Signature of Notary								
	Notary Seal								
	Notary No/Commission No.								
	NOTATY NOW COMMISSION NO. Commission Figure 100 Lots (MM/IIII/VV)								

Name of Hair Salon:				
Located at:				
		<u>List of Services to be Provided</u>		
1				
5				
6				
7				
8				
FOR OFFICE USE ONLY				
Services Covered by Licenses Held				
С	hecked by	Date:		