***** Submit This Page With Application *****

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

Rhode Island
Board of Hairdressing and Barbering

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

Shop License

☐ Hair Design Shop

☐ Manicuring Shop

☐ Esthetics Shop

Print Shop Name

Phone: (401) 222-2828 **TTY/TDD: (800) 745-5555** **Fax: (401) 222-1272**

Revised 08/03/2005 awp

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GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Instructions for Completing Application.....4

Application Materials

Application.....5-7
Application Checklist..... 8
Supervising/Shop Manager Registration Application..... 9
Zoning Letter..... 10
Mandatory Addendum to License Application - Verification of SSN/FEIN..... 11

Licensure Requirements

- Application Fee of **$93.75** (non-refundable).
- Supervising (Licensed) Shop Manager - (***NOTE: Supervising Manager must have been licensed for a period of at least one (1) year immediately prior to the submission of this application for licensure).*** Furthermore, the Supervising Manager **shall only be registered to manage one (1) shop at a time** (See Supervising/Shop Manager Registration Application on page 9)*.
- The Zoning Letter (page 10) must be completed by the city/town building inspector of the city or town in which your shop will be located.
- Compliance with provisions of the Chapter 5-10 of the RI General Laws and the Rules and Regulations (R5-10-HAIR)
- An **Inspection must be completed** by Department of Health Staff **PRIOR to OPENING** the shop.

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.

Rules and Regulations

The rules and regulations pertaining to the Licensure of Barbers, Hairdresser/Cosmeticians, Hairdresser Instructors, Manicurists or Estheticians (R5-10-HAIR) can be obtained by visiting the Rhode Island Department of Health/Board of Hairdressing and Barbering web site at:

http://www.health.ri.gov/hsr/professions/hair_barb.php

IMPORTANT!

* ***Licensed Manicurists may only act as Supervising/Shop Managers at Manicuring Shops.***

Licensed Estheticians may only act as Supervising/Shop Managers at Esthetics Shops.

Licensed Hairdressers and Barbers may act as Supervising/Shop Managers at all shops.

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APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the BOARD.

Application Process

Please allow a minimum of four weeks for the entire licensure process to be completed. If the applicant has had criminal or disciplinary history in Rhode Island or another state, it may take an additional two or three months for all pertinent documentation to be received, and a decision to be made regarding the issuance of a license. This is an estimate of the amount of time that is required to become licensed. The entire process may take more or less time than estimated.

Licenses will be issued within five working days following the Board's approval of the completed application. Wall permits are mailed approximately two weeks from the date of issuance, and are mailed to the address furnished in the application. It is the applicant's responsibility to notify the BOARD, in writing, if there are changes during the interim, or at any time after the license is issued. It is the responsibility of the licensee to notify the BOARD in writing when there is a change in the shop manager.

HEALTH will not, for any reason, accelerate processing of one applicant at the expense of other applicants. Once completed, the application will be reviewed, and the applicant will be contacted by the BOARD if further information is required. Be advised, the applicant may be required to appear for an interview.

NOTE:

Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal Law.

The license will expire on July 1st*****, and a form will be mailed to renew the shop license prior to expiration. It is the licensee's responsibility to maintain an active license. **(**All* shop licenses are required to be renewed July 1st of every year. *Shops licensed prior to April 21st are requred to renew in the July renewal of the same year!*).** If a renewal is not received, the licensee is to contact the BOARD to follow-up on the status of the renewal. Information on the status of the renewals can be obtained at HEALTH'S web site.

http://www.health.ri.gov

http://www.health.ri.gov/hsr/professions/license.php

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your BOARD application, please contact the BOARD at (401) 222-2828.

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

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the License application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.

2. Type the information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be sure to print the establishment's name in the box provided on the cover page.

3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.

4. It is suggested that a copy of the completed application be made before submitting it to the Board.

5. It is the applicant's responsibility to check on the status of the application.

6. When you are ready to open, please contact the Department of Health, Board of Hairdressing and Barbering (telephone **222-2828**), to **schedule an opening inspection**.

Completing your License Application

1. Complete the **License Application** pages (5-7). Respond to all components of the application as instructed. If you attach separate pages in continuation of the License application, such pages MUST clearly indicate the section for which such information is being reported.

2. Make a check or money order (in U.S. Funds only) for the application fee of **$93.75** payable to **"Rhode Island General Treasurer"** and staple it to the upper left-hand corner of the cover (Top) page of the application.

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (see page 8). Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

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

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. Name of Supervising/ Shop Manager

Provide the name of the licensed individual who is responsible for the day-to-day operations of the shop. **NOTE:** A change in the supervising/shop manager requires written notification to the BOARD.

Supervising/Shop Manager License Number

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Area Code Phone Number Extension

☐ Unlisted?

3. Shop Mailing Information:

Please provide the mailing information for all communication regarding this license. It is your responsibility to notify the board of all address changes.

This information will NOT appear on the HEALTH Web site.

First Line Address

Second Line Address

Third Line Address

City State/Province Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Mailing Address Phone Extension Mailing Address Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

4. Shop Location Information:

This information will appear on the HEALTH Web site.

First Line Address

Second Line Address

Third Line Address

City State Zip Code

Facility Phone Extension Facility Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

5. Type of Ownership

Please Check ONE

☐ Corporation ☐ Limited Liability Company ☐ Partner

☐ Sole Proprietorship ☐ Limited Partnership ☐ Partnership

☐ Governmental Entity ☐ Other (Describe):

6. Ownership Information:

Provide the name address and telephone number(s) of the shop/facillity owner in the spaces provided
If necessary, continue below, or on a separate of 8 1/2 X 11" sheet of paper.

Name of Owner

D.B.A. (Doing Business As)

First Line Address

Second Line Address

Third Line Address

City

State/Province

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

Phone

Extension

Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

Federal Employer Identification Number (FEIN) OR Social Security Number (SSN) if Sole Owner

7. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentality's (local, state, federal or foreign) to release to the Rhode Island Board of Hairdressing and Barbering any information which is material to my application for licensure.

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 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 pharmacy in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

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.

_____ _____

Signature of Applicant Date of Signature (MM/DD/YY)

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)

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the Rhode Island Board application as instructed (pages 5-7).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 7, **"Affidavit of Applicant"**, and had the form notarized by a notary public.
- ☐ I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the ***"RI General Treasurer"*** in the amount of **$93.75** and attached it to the upper left-hand corner of the first (Top) page of the application.
- ☐ I have arranged my Board Application materials in the following order.

  1. Fee (attached as instructed)
  2. Board Application (including cover page) (pages 1 & 5-7)
  3. Supervising/Shop Manager Registration Form (page 9)
  4. Zoning Letter (page 10)
  5. Mandatory Addendum to License Application (page 11)
  6. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] MUST indicate the section for which the information is being reported.]

- ☐ I have mailed the above application materials directly to the Rhode Island Department of Health, Board of Hairdressing and Barbering.

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*

IMPORTANT! ***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.***

I _____ the proprietor or chief executive officer of _____
Name of Shop

located at _____
Street City State Zip Code

do hereby make application with the Division of Professional Regulation to register _____
Manager Name

with the Board of Hairdressing and Barbering as the manager of said shop.

Supervising/Shop Manager Residence and License Information

Street

City State Zip Code

Date of Birth

Social Security Number

Supervising/Shop Manager's License Number Date Issued

Home Telephone Number Shop Telephone Number

Shop License Number

Recent Photograph of Supervising/Shop Manager

Securely tape or glue in this square a current 2" x 2" photograph of the shop manager (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.

Affix Photo Here

Write manager's name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

*** NOTE:** The Supervising/Shop Manager must have been licensed for a period of at least one (1) year prior to the filing of the application for licensure. Licensed Estheticians may only act as Supervising/Shop Managers at Esthetics Shops; Licensed Manicurists may only act as Supervising/Shop Manager at Manicuring Shops; Licensed Hairdressers and Barbers may act as Supervising/Shop Manager at all shops. Furthermore, the Supervising/Shop Manager shall only be registered to manage one (1) shop at a time. I do solemnly swear (affirm) that I am the proprietor of said shop named in this application, and the photograph attached hereto is a fair likeness of the manager in my employ; that I have made or read the contents thereof, and to the best of my knowledge and belief of the foregoing statements and answers are true in substance and are made in good faith.

_____ Signature of Proprietor

_____ Signature of Manager

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.

Notary Seal

_____ Name of Notary (Print, Type or Stamp)

_____ Signature of Notary

_____ Notary No/Commission No.

_____ Commission Expiration Date (MM/DD/YY)

TO: CITY/TOWN BUILDING INSPECTOR

FROM: RI DEPARTMENT OF HEALTH
OFFICE OF HEALTH PROFESSIONALS REGULATION
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

Affix seal

Rhode Island Department of Health

3 Capitol Hill, Providence RI, 02908-5097

MANDATORY ADDENDUM TO LICENSE APPLICATION

Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- ☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.
- ☐ I am currently pursuing administrative review of taxes owed to the state.
- ☐ I am in federal bankruptcy. (Case #_____)
- ☐ I am in state receivership. (Case #_____)
- ☐ I have been discharged from bankruptcy. (Case #_____)

Type of Professional/Business License for which you are applying.

Full Name (Please Print or Type)

Social Security Number (or FEIN for Business)

Signature

Phone Number (including area code if not 401)

Date

Name of Business (If Applicable)

This form must be completed, signed and attached to your license application for processing.