

(1007) APPLICATION FOR ESTABLISHMENT LICENSE

INITIAL LICENSE FEE (non-refundable)

Business Account:	
Date you plan to open or take over this establishment?	
Is this salon in a residence?	
HomeSalonText	
Are you located inside a business? <small>Example: Health Club, Hotel, Retirement Community, etc.</small>	
If Yes, Please mention the type of business	
Are you purchasing or taking over an existing establishment?	
No of employees :	No of chairs (Seating Capacity)
Have the previous owner complete the form entitled "Request for Closure of An Establishment License" and attach the form to this application. If you are unable to have the previous owner complete the Request for Closure form, please provide the following information.	
Prior Establishment Name	Prior Establishment License
Individual: One person will control all ownership liabilities, requirements, and responsibilities of the establishment.	
Owner Last Name	Owner First Name
Corporation or LLC: A corporation registered with the State, Secretary of State, will be responsible for all liabilities and requirements of the establishment. If this category applies, list the name of the corporation or LLC, along with all officer's names and titles or members (if LLC with no officers) as well as the EIN for the corporation or LLC. Corporations or LLC's must register with the Secretary of State and be issued an EIN from the for the application to be processed.	
Employer Identification Number	
Name of Corporation or LLC	

Member 1

Member Last Name1

Member First Name1

Member 2

Member Last Name2

Member First Name2

Partnership: Two or more persons 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 EIN. Partnerships must be issued an EIN from the for the application to be processed. Your application will not be processed without an EIN.

Employer Identification Number

Partner 1

Partner Last Name1

Partner First Name1

Partner 2

Partner Last Name2

Partner First Name2

Reason for New License Application

Previous license number

Previous address

Previous owner

Previous expiration date

I certify that I have read and understand the information, Know Your Workers' Rights, provided by the Board of Barbering and Cosmetology. I certify under penalty of perjury under the laws of the State 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 Code of Regulations before opening business.

I also certify that I have read and understand the following: As the owner of this establishment I understand that I am responsible for implementing and maintaining all the health and safety laws and regulations in this establishment and that I as an establishment owner will be cited for all the violations found in this establishment regardless of who caused or whose station the violation was found in. I also understand that if present the licensee or unlicensed individual will also be cited for violations found at their station.

I agree

Signature