

INSTRUCTIONS FOR FILING - BARBER SHOP OR BEAUTY SHOP (RELOCATION)

Access this form via website at: cca.hawaii.gov/pvl

If you are seeking licensure as a new barber shop or a new beauty shop, DO NOT COMPLETE THIS APPLICATION. This application is to be used when RELOCATING a licensed barber or beauty shop.

APPLICATION

Complete the on line fillable application form or print legibly in dark ink. Answer all applicable questions and sign and date the application. If the applicant is a corporation, partnership, LLC, or LLP, page 2 must be completed.

- **Failure to provide all the requested information will delay the processing of your application.**
- Applicants are subject to requirements in effect at time of filing.
- **A currently licensed barber in good standing is required to qualify a barber shop. A currently licensed beauty operator in good standing is required to qualify a beauty shop.**

SOCIAL SECURITY NUMBER

If the applicant is an individual, the individual's Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, the applicant must provide his/her Social Security Number or the application will be deemed deficient and will not be processed further.**

The following laws require that an applicant furnish his/her Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

LICENSURE REQUIRED

A barber shop or beauty shop license is required for all permanent fixed locations, including booth or chair rentals, and all other types of premises where beauty culture or barbering activity is conducted on a regular basis, such as open-air markets, farmers' markets, swap meets, flea markets, shopping center or mall kiosks or booths, tents, beach or pool cabanas, etc.

BARBER/BEAUTY OPERATOR-IN-CHARGE

There must be a barber/beauty operator-in-charge, responsible for **each** service that is being provided in your shop. The designated barber/beauty operator-in-charge must sign the acknowledgement on page 3 of the application. Attach additional sheets if necessary.

If the barber/beauty operator-in-charge is not a licensed **cosmetologist** and if more than one type of service is being provided (eg. nails, esthetics, hairdressing), you must list a barber/beauty operator-in-charge for each particular service.

In the event that the operator(s)-in-charge change, notify the Board in writing and file all appropriate applications when required.

NOTE: Once licensed, a barber shop may employ licensed beauty operators. Likewise, once licensed, a beauty shop may employ licensed barbers.

(CONTINUED ON PAGE 2)

SANITATION Pursuant to the Board's laws and rules, a shop owner must meet all standards of sanitation required by the State Department of Health, and be in compliance with the sanitation requirements of Hawaii Administrative Rules chapter 11-11, the administrative rules of the State Department of Health.

REQUIREMENTS FOR RELOCATION The following must be submitted to process a relocation for a licensed barber shop or beauty shop:

1. Completed application form signed by **both** the shop's operator-in-charge **AND** the shop's owner (or officer, director, partner, or member of the entity, as applicable.) If the operator-in-charge and the shop's owner are the same person, they may sign for both;
2. Fee of \$76.00;
3. Completed Shop Floor Plan form (Form LB-01). The Shop Floor Plan form, the last page of the application, may also be found on the Board's website at: http://cca.hawaii.gov/pvl/boards/barber/application_publications/.

FEES **RELOCATION:**

Either type of shop, pay \$ 76*

* Subject to renewal on or before December 31 of odd-numbered years.

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

ADDRESS OF THE BOARD

Mail all required items to:		Deliver to office location at:
Board of Barbering and Cosmetology		335 Merchant Street, Room 301
DCCA, PVL, Licensing Branch	OR	Honolulu, HI 96813
P.O. Box 3469		Phone: (808) 586-3000
Honolulu, HI 96801		

BOARD REVIEW All barber shop and beauty shop license applications are subject to review by the Board therefore, please be advised to schedule the submittal of your application for your shop license to allow for the additional time that may be required for this review and approval by the Board.

CHANGE IN OWNERSHIP **LICENSES ARE NOT TRANSFERABLE.** In the event that the ownership of a barber/beauty shop changes, a new barber/beauty shop license shall be required, and all licensing requirements at the time of the new application must be met.

LAWS & RULES To obtain a copy of the Board of Barbering and Cosmetology's laws and rules, submit a written request to the address on page 3 of these instructions, or you may review and download them from the Board's website at: cca.hawaii.gov/pvl. Click on "Barbering and Cosmetology"; then click on "Statute/Rule Chapter".

- Barber law: Hawaii Revised Statutes chapter 438
- Barber rules: Hawaii Administrative Rules chapter 16-73
- Cosmetology law: Hawaii Revised Statutes chapter 439
- Cosmetology rules: Hawaii Administrative Rules chapter 16-78
- Department of Health sanitation requirements: Hawaii Administrative Rules chapter 11-11
- Professional and Vocational Licensing Act: Hawaii Revised Statutes chapter 436B

**ABANDONMENT
OF APPLICATION**

Pursuant to HRS section 436B-9, your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested; or (2) failure to complete an examination requirement within two consecutive years from the date your application was approved; or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed to be abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, you must provide us with authorization to release any information to this third party. If you wish to do so, please complete, sign, and date the section RELEASE OF INFORMATION TO THIRD PARTY on the application form.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Hawaii Revised Statutes chapter 91 and Hawaii Administrative Rules chapter 16-201. Your written request for a hearing must be directed to the agency that denied your application, and must be made within sixty (60) calendar days of notification that your application for a license has been denied.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

**APPLICATION FOR RELOCATION -
BARBER SHOP OR BEAUTY SHOP**

Access this form via website at: cca.hawaii.gov/pvl

Read Instructions for Filing before completing application form.

Indicate the type of APPLICATION and LICENSE you are applying for:
Relocation: (Check one) Barber Shop Beauty Shop
 Current Shop License No.: _____

Check the type of **BUSINESS ENTITY:**
 Individual (Sole Owner) Corporation
 Partnership LLC LLP

Name of Applicant (*Name of Corporation, Partnership, LLC, LLP; OR LAST-First-Middle*):

Complete Business Location (*Street no. & name, suite no., city, state & zip code*):

Mailing Address (**Only** if different from Business Location):

FOR OFFICE USE	Effective Date:	License No. BAS - BSH -
	Approved: <input type="checkbox"/>	Initials/date:
	Checklist: <input type="checkbox"/> BEO/BAR - D	<input type="checkbox"/> DRAWING
Social Security No. (<i>Individual/Sole Owner</i>):		
Business Phone:		

List **NAME, LICENSE NUMBERS, and PHONE NUMBERS** of all **barbers/beauty operators-in-charge** with this shop. You may attach additional sheets if more space is needed. All barber/beauty operators-in-charge must sign the acknowledgement at the end of the application.

BARBER/BEAUTY OPERATOR-IN-CHARGE	Name (<i>First, Middle, LAST</i>):	License No.:	License Category:	Phone No. (<i>Days</i>):
	Name (<i>First, Middle, LAST</i>):	License No.:	License Category:	Phone No. (<i>Days</i>):
	Name (<i>First, Middle, LAST</i>):	License No.:	License Category:	Phone No. (<i>Days</i>):
	Name (<i>First, Middle, LAST</i>):	License No.:	License Category:	Phone No. (<i>Days</i>):

(SIGNATURE REQUIRED ON PAGE 2)

Barber Shop: Relocate 039 \$76
 Service Fee BCF \$25

Beauty Shop: Relocate 139 \$76
 Service Fee BCF \$25

Print Name of Applicant: _____

Date: _____

The following questions pertain to the applicant and persons (operator(s) in charge, officers, directors, managers, partners, etc.) responsible for the barber/beauty shop. Check your answers.

1. Do you agree to meet all standards of sanitation required by the State Department of Health, and to be in compliance with the sanitation requirements of Hawaii Administrative Rules chapter 11-11, the administrative rules of the State Department of Health? YES NO
2. Do you understand that the barber shop or beauty shop license is non-transferable, and that a change in ownership requires a new barber shop or beauty shop license? YES NO
3. Check the appropriate boxes that fully describe the barbering or beauty culture service that will be performed at this shop:
 - Barbering**
 - Cosmetology (includes hairdressing, esthetics, AND nail technology)**
 - Hairdressing**
 - Esthetics**
 - Nail technology**

IF THERE HAVE BEEN ANY CHANGES IN THE OPERATIONS, OR OF OFFICERS, MANAGERS OR MEMBERS OF THE SHOP, COMPLETE THIS SECTION. If there are no changes, write "No changes".

	NAME (First-MI-Last)	ADDRESS (Include Zip Code)
OFFICERS OF CORPORATION, PARTNERS, MANAGERS OR MEMBERS	President, Partner, Manager, or Member	Current Residence Address
		----- Current Business Address
	Vice-President, Partner, Manager, or Member	Current Residence Address
		----- Current Business Address
	Secretary, Partner, Manager, or Member	Current Residence Address
		----- Current Business Address
	Treasurer, Partner, Manager, or Member	Current Residence Address
		----- Current Business Address

(CONTINUED ON PAGE 3)

Print Name of Applicant: _____

Date: _____

ACKNOWLEDGEMENT OF ALL OPERATORS-IN-CHARGE (attach additional sheets if needed):

I hereby acknowledge that I will be the operator-in-charge of this shop. I also acknowledge that I have read, understand, and agree to comply with all the statutes and rules pertaining to the Board of Barbering and Cosmetology, including but not limited to Hawaii Revised Statutes chapters 436B, 438, and 439, and Hawaii Administrative Rules chapters 16-73, 16-78, and 11-11.

Signature of Operator-in-charge Date _____
Signature of Operator-in-charge Date _____

Signature of Operator-in-charge Date _____
Signature of Operator-in-charge Date _____

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations contained in this application and the documents attached thereto are true and correct. I also certify that there will be a barber/beauty operator-in-charge for each service this shop will provide as noted on Page 2 of the application form. I understand that any misrepresentation is grounds for refusal to approve my barber shop or beauty shop license application, or subsequent revocation of license, and is a misdemeanor (See, Hawaii Revised Statutes sections 438-14, 436B-19), and/or grounds for criminal prosecution (See, Hawaii Revised Statutes section 710-1017). I further certify that I have read, understand, and agree to comply with all laws and rules pertaining to the Board of Barbering and Cosmetology, including but not limited to Hawaii Administrative Rules chapters 16-73, 16-78, and 11-11, and Hawaii Revised Statutes chapters 436B, 438, and 439.

Signature of Applicant (Shop owner)

Date

Title

RELEASE OF INFORMATION TO THIRD PARTY:

To assist me in the licensing process, I hereby authorize the Department of Commerce and Consumer Affairs to release any and all information regarding my application, including but not limited to application status, to the following third party:

Print name of individual who is assisting you (third party): _____

Signature of Applicant

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

SHOP FLOOR PLAN FORM - BARBER SHOP OR BEAUTY SHOP

Access this form via website at: cca.hawaii.gov/pvl

Instructions:

In the box below, **DRAW or SKETCH** the floor plan of the shop as well as the surrounding area. **LABEL** where the sanitary facilities are located (restrooms, sinks, and/or wash basins with hot and cold running water, etc.) whether within the shop, or outside the shop in common areas of the building or venue. In the case of a booth or chair rental, you must also **LABEL** the booth or chair of your shop and its surrounding area within the existing shop.

SIGN and **DATE** this form and attach to your application.

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations contained in this form are true and correct. **I further certify that the barber shop or beauty shop sketched above meets the standards and public health requirements of Hawaii Administrative Rules ("HAR") chapter 11-11, the administrative rules of the State Department of Health, including but not limited to, having proper and adequate lighting and ventilation, having adequate sanitary facilities, including toilets, hot and cold running water, sinks or wash basins.** I understand that any misrepresentation is grounds for refusal to approve my barber shop or beauty shop license application, or subsequent revocation of license, and is a misdemeanor (See, Hawaii Revised Statutes sections 438-14, 436B-19), and/or grounds for criminal prosecution (See, Hawaii Revised Statutes section 710-1017). I certify that I have read, understand, and agree to comply with all laws and rules pertaining to the Board of Barbering and Cosmetology, including but not limited to HAR §§16-73, 16-78, and 11-11, and the Hawaii Revised Statutes chapters 436B, 438, and 439.

Signature of Applicant (Shop Owner)

Date

Title