

INSTRUCTIONS FOR FILING - BARBER SHOP (NEW)

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

APPLICATION

Complete the on line fillable application form or print legibly in dark ink. Answer all applicable questions and sign and date the application. (Applicants are subject to requirements in effect at time of filing.)

Failure to provide all the requested information will delay the processing of your application.

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 license is required for all permanent fixed locations, including booth or chair rentals, and all other types of premises where 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 being provided in your shop. Each barber/beauty operator-in-charge must sign an Operator-in-Charge Form (LB-17). Attach additional Operator-in-Charge Forms if necessary. If the operator-in-charge and the shop's owner are the same person, they may sign for both. **In the event that the operator(s)-in-charge change, submit a new Operator-in-Charge Form (LB-17).**

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.

REQUIREMENTS FOR LICENSE

The following must be submitted to obtain a license for a new barber shop:

1. Completed application form signed by the shop's owner (or officer, director, partner, or member of the entity, as applicable);
2. Applicable fees (see section of Fees below);
3. Completed Operator-in-Charge Form (LB-17) for **each** designated operator-in-charge. If the operator-in-charge and the shop's owner are the same person, they may sign for both. The Operator-in-Charge Form, attached to this application, may also be found on the Board's website at: http://cca.hawaii.gov/pvl/boards/barber/application_publications/.
4. Completed Shop Floor Plan Form (LB-01). The Shop Floor Plan Form, attach to this application, may also be found on the Board's website at: http://cca.hawaii.gov/pvl/boards/barber/application_publications/.

(CONTINUED ON PAGE 2)

REQUIREMENTS FOR LICENSE (cont'd)

- 5. If the application is for a corporation, partnership, LLC or LLP, we require the following proof to show that the entity is properly registered with the Business Registration Division ("BREG"), Department of Commerce and Consumer Affairs, State of Hawaii. Call (808) 586-2727 or visit their website at: cca.hawaii.gov/breg to order Certificates of Good Standing, forms, etc.
 - If the entity has been registered in this state for LESS THAN ONE (1) YEAR, **ATTACH** a "filed-stamped" copy of the document filed with BREG; or, the same certificate mentioned below.
 - If the entity has been registered in this state for MORE THAN ONE (1) YEAR, **ATTACH** a current "Certificate of Good Standing" issued no more than 1 year ago.
- 6. If applicant will be using a trade name, **ATTACH** a current "filed-stamped" copy of the "Application for Registration of Trade Name" approved by the Business Registration Division. You may contact them at: (808) 586-2727.

FEES **ATTACH** the appropriate amount made payable to: *COMMERCE & CONSUMER AFFAIRS*. (Check must be made in U.S. dollars and be from a U.S. financial institution.) **License is subject to renewal on or before December 31 of odd-numbered years.**

Applicant who will be licensed in an EVEN-numbered year, pay \$226
(Non-refundable Application Fee-\$50 + License-\$38 + CRF-\$100 + 1/2 Renewal-\$38)

Applicant who will be licensed in an ODD-numbered year, pay \$138*
(Non-refundable Application Fee-\$50 + License-\$38 + CRF-\$50)

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with DCCA.

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.*

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.

ADDRESS OF THE BOARD

Mail all required items to:

Deliver to office location at:

Board of Barbering and Cosmetology
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

335 Merchant Street, Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

BOARD REVIEW

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

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.

CHANGE IN OWNERSHIP

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

RESTORATION OF LICENSE

For the restoration of a barber shop license, please contact the Licensing Branch-Records Section for the applicable restoration application. You must meet all current licensing requirements at the time you submit your application for the restoration of your license.

Instructions for "YES" Answers to Questions 5 and/or 6 of the Application

The following documentation must be submitted with the license application. Applications for licensure will not be considered without this material.

1. Question 5 refers to complaints, charges of unlicensed activity, or pending disciplinary actions against or any profession, occupation, or license. If your answer is "YES", you must submit the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents.
2. Question 6 refers to any criminal conviction in any jurisdiction that has not been annulled or expunged. If your answer is "YES", you must submit the following:
 - i. A detailed statement signed by you explaining the underlying circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
 - ii. A copy of all related court documents, including but not limited to petitions, indictments, the court order, verdict, and terms of sentence, as applicable; proof of payment of any fines, assessed fees;
 - iii. Signed statements from employers, business associates/clients and others who can attest to your business dealings, including a statement as to your reputation or record of experience, competency, honesty, truthfulness, financial integrity, and fair dealings;
 - iv. If applicable, a copy of the terms of probation and/or parole, and a statement from your probation or parole officer as to your compliance with the court order; and
 - v. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center and dated within six months. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Room 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: ecrim.hawaii.gov to request a "Criminal History Record Check".

NOTE: If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check is required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions, and fees on obtaining criminal history record checks.

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
- 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.

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 LICENSE -
BARBER SHOP (NEW)**

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

Read Instructions for Filing before completing application form.

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*):

Trade Name (*Attach verification of trade name registration*):

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 -
	Approved: <input type="checkbox"/>	Initials/date:
	Checklist: <input type="checkbox"/> BREG	<input type="checkbox"/> BEO/BAR - D
	<input type="checkbox"/> TRADE NAME	<input type="checkbox"/> DRAWING
Social Security No. (<i>Individual/Sole Owner</i>):		
Business Phone:		

List **NAMES and LICENSE NUMBERS** of all **barbers/beauty operators-in-charge** with this shop. You may attach additional sheets if more space is needed. Complete an Operator-in-Charge Form for **EACH** person listed below.

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

(SIGNATURE REQUIRED ON PAGE 2)

Barber	Appl	040	\$50
Shop:	Lic	045	\$38
	CRF	041	\$50/\$100
	1/2 Ren	030	\$38
	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 shop. Check your answers. If response is "YES" to questions 5 or 6, refer to the instructions for additional documents that must be submitted with this application.

1. Are you at least 16 years of age? YES NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
3. Have the applicant, any officers, partners, managers, or members ever been associated in any capacity in the operation or business of a barber or beauty shop? YES NO
4. Do you understand that the barber shop license is non-transferable, and that a change in ownership requires a new barber shop license? YES NO
- 5a. Have the applicant, any officers, partners, managers, or members ever had a license or permit revoked, suspended or otherwise subject to disciplinary action? YES NO
- b. Is any disciplinary action pending or any license being investigated? YES NO
6. Have the applicant, any officers, partners, managers, or members ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO
7. Check the appropriate boxes that fully describe the services that will be performed at this shop:

- Barbering**
- Hairdressing**
- Esthetics**
- Nail technology**

IF APPLICATION IS FOR A CORPORATION, PARTNERSHIP, LLC, OR LLP, THIS SECTION MUST BE COMPLETED.

OFFICERS OF CORPORATION, PARTNERS, MANAGERS OR MEMBERS	NAME (First-MI-Last)	ADDRESS (Include Zip Code)
	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: _____

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 1 of the application form. I understand that any misrepresentation is grounds for refusal to approve my barber 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 and 16-78, 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.

OPERATOR-IN-CHARGE FORM

This form can be obtained online at: cca.hawaii.gov/pvl

The Barber or Beauty Shop Owner of record may use this form to report **each change, addition or termination** of your operator(s)-in-charge. Please note any additions require that the new operator-in-charge sign the acknowledgement.

*****Failure to provide all of the requested information will delay the processing of your changes.*****

If an operator-in-charge would like to self-report a **termination** of employment and/or designation as operator-in-charge of a shop, they may submit a written request that includes their name, license number, the name and license number of the barber or beauty shop and the effective termination date. You cannot self-report changes other than terminations.

Submit original form to:

Mail to:
Board of Barbering and Cosmetology
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Deliver to Office Location:
335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

INDICATE the type of Shop License you currently possess (check one):

Barber Shop

Beauty Shop

Current Shop License No.: _____

SHOP OWNER	Name of Barber or Beauty Shop	Physical Address of Shop on file with DCCA
	Trade Name/dba (doing business as), if any	

OPERATOR-IN-CHARGE	<p>Check one:</p> <p><input type="radio"/> New Designation*</p> <p><input type="radio"/> Terminate Designation</p>	Name of Operator-in-Charge:	License No.:	License Category:
	Effective Date: _____	<p>*If you checked "New Designation", please check the applicable box:</p> <p><input type="radio"/> I am currently not designated as an Operator-in-Charge by any shop</p> <p><input type="radio"/> I am currently designated as an Operator-in-Charge for another shop, however, I am reporting that I am terminating my designation with the other shop</p> <p><input type="radio"/> I am currently designated as an Operator-in-Charge for another shop, and I intend to be the Operator-in-Charge for both shops (attach letter explaining logistics)</p>		

ACKNOWLEDGEMENT (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 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 and 16-78.

Signature of Operator-in-Charge

Date

Signature of Shop Owner

Date: _____

Print Name of Shop Owner

Business Phone No.: _____

(FORM MAY BE DUPLICATED)

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

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, **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 sketched above meets the standards and public health requirements of Hawaii Administrative Rules ("HAR") section 16-73-37, 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 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 and 16-78, and the Hawaii Revised Statutes chapters 436B, 438, and 439.

Signature of Applicant (Shop Owner)

Date

Title

Pursuant to §436B-9, Hawaii Revised Statutes, 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 any additional requirements for licensure that remain after approval of your application, such as attempting 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 abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

Frequently Asked Questions regarding Abandoned Applications

- 1) Q: If after receiving my application the board or program requests additional information, how much time do I have to provide them with the requested information before my application is deemed abandoned?
A: You have two years from the date the information is requested.

- 2) Q: If I am an applicant who is required to take a licensing examination in order to complete the licensing process and my application to take the licensing examination is approved, how much time do I have to complete the examination requirement before my application is abandoned?
A: You must make an attempt to take the examination within two years from the date your application is approved.

- 3) Q: What is meant by "attempt to take the examination?"
A: You must register and take the examination.

- 4) Q: If the statutes or rules of the boards or programs do not set time limits on taking and passing the examination, and the only requirement left for me to become licensed is to pass the examination, and within the two year period I should fail the examination, re-register for the examination, but fail again, will my application be abandoned because I could not pass the examination within two years?
A: Your application will not be abandoned because you would have demonstrated your efforts to take the examination by registering for and taking the examination.

(NOTE: Our office will only be notified of your efforts if you take the examination as a Hawaii candidate. Examination results will not automatically be provided to our office if you sit for the examination via another state board. Therefore, if you are in this situation, please arrange for the test results to be sent to us).

- 5) Q: What does it mean if my application is abandoned?
A: It means that your application is no longer valid, will be destroyed, and you shall be required to reapply and comply with the requirements for licensure at the time of the reapplication. To reapply, you must submit a new application and you will be required to comply with the licensing requirements and pay fees that are in effect at the time you submit your new application.

- 6) Q: Will you be providing a notice to me before my application is abandoned?
A: It is not required that we notify you before your application is abandoned. However, some boards and programs have taken the initiative to send out notifications.
- 7) Q: Will any of the documents that supplemented my first application be saved in case I need to reapply?
A: No. When you reapply, you will need to again provide us with documentation.
- 8) Q: Will the application fee that I paid with my first application carry over to cover the application fee for my new application?
A: No. You will be required to again pay the non-refundable application fee.
- 9) Q: If my application has not been destroyed does this mean that it has not yet been deemed "abandoned?"
A: No. Simply because an application has not been destroyed does not mean that it has not been deemed abandoned.
- 10) Q: If I am currently unable to complete the licensing process (eg., no continued effort), how do I prevent my application from being abandoned?
A: You have two years to complete the licensing process. However, if you are unable to show continued effort for two consecutive years but you still intend to complete the licensing process, you must send a written communication to the board or program **prior** to the two year expiration explaining why you are unable to complete the licensing process within two years. Your written communication shall also request approval to complete the licensing process by a specific date after the two year expiration. You will be advised whether your request is approved or disapproved. If disapproved, your application will be destroyed and you will need to reapply for licensure.
- 11) Q: Who do I contact to find out if my application is soon to be abandoned?
A: You may contact the Licensing Branch at (808) 586-3000.