

INSTRUCTIONS FOR FILING – BEAUTY SHOP (RELOCATION)

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

APPLICATION

Complete the online 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 you are applying as an individual/sole proprietor, your 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, you must provide your Social Security Number, or your application will be deemed deficient and will not be processed further.** The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires that 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 disclose (and by the federal cites shown above, we are authorized to require the Social Security Number).

REQUIREMENTS FOR RELOCATION

The following must be submitted to relocate your beauty shop license:

1. Completed application form signed by the Shop Owner (or officer, director, partner, or member of the entity, as applicable) and of each licensee qualifying the shop to provide a particular service;
2. Relocation fee (see section on **RELOCATION FEE** below);
3. Completed Shop Floor Plan Form (LB-01) (see section on **SHOP FLOOR PLAN FORM**, page 2);

FEES

ATTACH the relocation fee of \$38.00 made payable to: *COMMERCE AND CONSUMER AFFAIRS*. Checks must be made in U.S. dollars and be from a U.S. financial institution. The shop license is subject to **renewal on or before December 31 of odd-numbered years.**

Relocation \$38

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. A **\$25.00 service charge shall be assessed for payments that are dishonored for any reason.***

SHOP FLOOR PLAN FORM

The Shop Floor Plan Form (LB-01) and its instructions are attached to the end of this application. On the form, a box is provided for you to draw or sketch the floor plan of your shop. You may also attach a separate document that details your shop, provided the Shop Floor Plan Form is signed and dated.

RELEASE OF INFORMATION

If an agency or individual is assisting you with this licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete, sign, and date the portion on **Release of Information to Third Party.**

(CONTINUED ON PAGE 2)

ADDRESS OF THE BOARD

Mail all required items to:

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

OR

Deliver to office location at:

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

BOARD REVIEW

All beauty 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.

DENIAL OF LICENSE

If for any reason you are denied the license you are applying form, you may be entitled to a hearing as provided by Hawaii Revised Statutes chapter 91 and Hawaii Administrative 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.

LAWS AND 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 2 of these instructions, or you may 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 §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

APPLICATION FOR LICENSE – BEAUTY SHOP (RELOCATION)

Read "Requirements & Instructions" before completing this form.

Please type or print **LEGIBLY** in black ink.

FOR OFFICE USE	Effective Date:	License No. BSH -
	<input type="checkbox"/> Approved (Initials/date):	
	Checklist: <input type="checkbox"/> FLOOR PLAN <input type="checkbox"/> BAR-BEO - D	
Social Security No. (Individual/Sole Owner):		Current Beauty Shop License No.: BSH -
Business Phone No:		
Email Address:		
IF THERE HAVE BEEN ANY CHANGES IN THE OPERATIONS, OR OF OFFICERS, MANAGERS, OR MEMBERS OF THE SHOP, COMPLETE THE SECTION BELOW. If there are no changes, write "No Changes".		

OFFICERS OF CORPORATION, PARTNERS, MANAGERS, OR MEMBERS	NAME (First-MI-Last)	ADDRESS (Include Zip Code)
		President, Partner, Manager, or Member
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

Answer Question 1 and continue to Page 2.

1. Check the appropriate boxes that fully describe the services that will be performed at this shop
(Cosmetology includes Hairdressing, Esthetics, and Nail Technology):

- Barbering Cosmetology Hairdressing Esthetics Nail Technology

(CONTINUED ON PAGE 2)

Beauty Shop: Reloc139 \$38
Svc. Fee BCF \$25

SHOP FLOOR PLAN FORM – BEAUTY SHOP

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

Instructions:

In the box below, **DRAW OR SKETCH** the floor plan of the shop including the entrance/exit as well as the surrounding area. **LABEL** appropriate equipment, for example, sanitary facilities such as toilets, sinks, and/or wash basins with hot and cold running water, etc. If a sanitary facility is located outside the shop in common areas of the building or venue, **DRAW OR SKETCH** the pathway connecting the sanitary facility and the shop. 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. You may also attach your floor plan using a separate page (write “see attached” in box), provided the floor plan is appropriately labeled.

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 beauty shop sketched above is adequately equipped for the practices in which it engages.** I understand that any misrepresentation is grounds for refusal to approve my beauty shop license application, or subsequent revocation of license, and is a misdemeanor (See, Hawaii Revised Statutes sections 439-19, 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