

INSTRUCTIONS FOR FILING – BEAUTY SHOP (NEW)

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.**
- GENERAL INFORMATION** A beauty shop license is required for all permanent fixed locations, including booth or chair rentals, and all other types of premises where beauty culture activity is conducted on a regular basis, such as open-air markets, farmer’s markets, swap meets, flea markets, shopping center or mall kiosks or booths, tents, beach or pool cabanas, etc.
- 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 SHOP LICENSURE** The following must be submitted to obtain a license for a new beauty shop:
1. Completed application form signed by the Shop Owner (or officer, director, partner, or member of the entity, as applicable);
 2. Applicable fees (see section on **FEES**, Page 2);
 3. Completed Confirmation of Employment Form(s) (LB-17) from each licensed barber/beauty operator qualifying the shop to provide a service (see section on **CONFIRMATION OF EMPLOYMENT FORM**, Page 2);
 4. Completed Shop Floor Plan Form (LB-01) (see section on **SHOP FLOOR PLAN FORM**, page 2);
 5. If using a trade name, **ATTACH** a current file-stamped copy of the “Application for Registration of Trade Name” approved by the Business Registration Division (“BREG”) of the Department of Commerce and Consumer Affairs, State of Hawaii. Call (808) 586-2727 or visit their website at: cca.hawaii.gov/breg to order applicable forms; and
 6. 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 BREG:
 - If the entity has been registered in this State for LESS THAN ONE YEAR, **ATTACH** either a file-stamped copy of the document filed with BREG or a current “Certificate of Good Standing”
 - If the entity has been registered in this State for MORE THAN ONE YEAR, **ATTACH** a current “Certificate of Good Standing” issued no more than one year ago.

(CONTINUED ON PAGE 2)

FEES

ATTACH the appropriate amount 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**.

Applicant who will be licensed in an EVEN-numbered year, pay \$226
(*Non-refundable application fee-\$50 + License-\$38 + CRF-\$100 + ½ 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. A **\$25.00 service charge shall be assessed for payments that are dishonored for any reason.***

CONFIRMATION OF EMPLOYMENT FORM

Question 7 on the application form requires you to check the appropriate boxes that fully describe the services that will be provided at your shop. For **EACH** box checked, there must be at least **ONE** licensed barber/beauty operator qualified to provide that service. You do **NOT** have to list all of barbers/beauty operators employed at your shop.

In the table below Question 7, list the names and license numbers of the barber(s)/beauty operator(s) that will qualify your shop to provide the applicable service(s). Have **EACH** licensee listed in the table complete a Confirmation of Employment Form (LB-17). The form is included with the application. Attach additional Confirmation of Employment Forms if necessary. If the Shop Owner is also a licensed barber/beauty operator, the Shop Owner may also complete a Confirmation of Employment Form.

In the event that the listed licensee changes, submit a new Confirmation of Employment form.

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**.

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

Deliver to office location at:

OR 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.

INSTRUCTIONS FOR “YES” ANSWERS TO QUESTION 5 AND/OR QUESTION 6

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

- Questions 5 refers to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is “YES” to this question, **ATTACH**:
 - 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 facts and conclusions of law, and any other relevant documents;
- Question 6 refers to criminal convictions. If your answer is “YES” to this question, **ATTACH**:
 - i. A statement signed by you explaining the 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 the court order, verdict, and terms of sentence;
 - iii. If applicable, a copy of the terms of probation and/or parole and notarized statement from your probation or parole officer as to your compliance with the court orders;
 - iv. Signed statements from employers, business associates/clients, and others who can attest to your business dealings, including a statement as to your reputation for or record of experience, competency, honesty, truthfulness, financial integrity, and fair dealings; and
 - v. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao’a Building, 456 S. King Street, Rm. 101, Honolulu, HI 96813. Phone: (808) 587-3100 or visit their website at : ecrim.hawaii.gov to request a “Criminal History Record Check” form.

NOTE: If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be 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 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.

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 – BEAUTY SHOP (NEW)

Read "Requirements & Instructions" before completing this form.

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

<p>Check the type of BUSINESS ENTITY:</p> <p><input type="checkbox"/> Individual (Sole Owner) <input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP</p> <p>Name of Entity (Name of Corporation, Partnership, LLC, LLP; OR LAST-First-Middle):</p> <p>Trade Name (if applicable):</p> <p>Complete Business Address:</p> <p>Mailing Address (ONLY if different from residence location):</p>	FOR OFFICE USE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Effective Date:</td> <td>License No. BSH -</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Approved (Initials/date):</td> </tr> <tr> <td colspan="2">Checklist: <input type="checkbox"/> BREG <input type="checkbox"/> BEO/BAR – D</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> TRADE NAME <input type="checkbox"/> FLOOR PLAN</td> </tr> </table>	Effective Date:	License No. BSH -	<input type="checkbox"/> Approved (Initials/date):		Checklist: <input type="checkbox"/> BREG <input type="checkbox"/> BEO/BAR – D		<input type="checkbox"/> TRADE NAME <input type="checkbox"/> FLOOR PLAN	
Effective Date:	License No. BSH -									
<input type="checkbox"/> Approved (Initials/date):										
Checklist: <input type="checkbox"/> BREG <input type="checkbox"/> BEO/BAR – D										
<input type="checkbox"/> TRADE NAME <input type="checkbox"/> FLOOR PLAN										
Social Security No. (Individual/Sole Owner):	Business Phone No:	Email Address								

IF APPLICATION IS FOR A CORPORATION, PARTNERSHIP, LLC, OR LLP, THE SECTION BELOW MUST BE COMPLETED

	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

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Beauty	Appl 141 \$50
Shop:	Lic 146 \$38
	CRF 142 \$50/\$100
	1/2 Ren . . . 130 \$38
	Svc. Fee . . . BCF \$25

Print Name of Applicant: _____ Date: _____

The following questions pertain to the applicant and persons (officers, directors, managers, partners, etc.) responsible for the beauty 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 beauty shop license is non-transferable, and that a change in ownership requires a new beauty shop license? YES NO
5. Do you attest that you will allow only licensees who have at least one year of experience to train apprentices? . . . YES NO
- 6a. Has 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 actions pending or any license being investigated? YES NO
7. 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
8. 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

List **NAMES** and **LICENSE NUMBERS** of the barbers/beauty operators to qualify this shop to provide the above services. Complete a Confirmation of Employment Form with **EACH** licensee listed below.

BARBER/BEAUTY OPERATOR	Name (First, Middle, Last)	License No.	License Category:
	Name (First, Middle, Last)	License No.	License Category:
	Name (First, Middle, Last)	License No.	License Category:
	Name (First, Middle, Last)	License No.	License Category:

(CONTINUED ON PAGE 3)

Print Name of Applicant: _____ Date: _____

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I also certify there will be a licensed barber/beauty operator qualified to perform the service(s) this shop will provide as noted on Page 2 of the application form. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (See, Section 436B-19, Section 438-14, Hawaii Revised Statutes) and/or grounds for criminal prosecution (See, Section 710-1017, Hawaii Revised Statutes). I further certify that I have read 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: _____

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.

CONFIRMATION OF EMPLOYMENT FORM

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

The Barber Shop or Beauty Shop Owner of record may use this form to report **each change, addition, or termination** of the licensees qualifying the shop to provide a particular service. Please note any additions require that the new licensee sign the acknowledgment.

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

If a licensee would like to self-report a **termination** of employment, 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 date of termination. You cannot self-report changes other than terminations.

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

INDICATE the type of Shop License you are applying for, or if applicable, currently possess:
 Barber Shop Beauty Shop Current Shop License No. (if applicable): _____

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

BARBER/BEAUTY OPERATOR	Check one:	Name of Licensee:	License No.:	License Category:
	<input type="checkbox"/> New Employment* <input type="checkbox"/> Terminate Employment Effective Date: _____	*If you checked "New Employment", please check the applicable box: <input type="checkbox"/> I am currently not qualifying any shop to provide a particular service. <input type="checkbox"/> I am currently qualifying another shop to provide a particular service; however, I am reporting that I am terminating my designation with the other shop. <input type="checkbox"/> I am currently qualifying another shop to provide a particular service, and I intend to qualify both shops to provide a particular service (attach letter explaining schedule)		

ACKNOWLEDGMENT:

I hereby confirm that I will be employed at this shop and that I have a current and active license in good standing to qualify this shop to perform the service as certified by the Shop Owner.

 Signature of Licensed Barber/Beauty Operator

 Signature of Shop Owner Date: _____

 Print Name of Shop Owner Business Phone No.: _____

(FORM MAY BE DUPLICATED)

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