



Virginia Board for Barbers and Cosmetology
EVENT PIERCER LICENSE APPLICATION
Fee \$220.00

LICENSE IS EFFECTIVE FOR ONLY SEVEN (7) CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

**A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.**

Completed application must include fee and all required documentation. Application is required at least by 5:00 pm EST, **45 days** prior to the first day of the period in which the event body-piercing or ear-piercing salon license is requested. Failure to answer all questions, or provide any additional documentation required, will result in a delay of processing your application.

1. Registered Name of Salon _____
2. Trade, "Doing Business As" (DBA), or Fictitious Name[▲] of Salon _____
 ▲ If a Trade or Fictitious Name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the Code of Virginia must be attached to this application.
3. Select **one** of the following and provide the information below.
 - Business Federal Employer Identification Number (FEIN)[❖]

--	--	--	--	--	--	--	--	--	--	--	--

 -

--	--	--	--	--	--	--	--	--	--

 Federal Employer Identification Number (12-3456789)
 - Sole Proprietor's/Individual's Social Security Number **or**
 - Virginia Department of Motor Vehicles Control Number^{*}

--	--	--	--	--	--	--	--	--	--	--	--

 -

--	--	--	--

 -

--	--	--	--	--	--	--	--

 Social Security or Virginia DMV Number (123-45-6789)

[❖] State law requires every applicant, who is not a sole proprietor, to provide a federal employer identification number. Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

^{*} State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
4. Mailing Address (PO Box accepted) _____
 If a mailing address is submitted, the mailing address will be printed on the license.
 City _____ State _____ Zip Code _____
5. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

 City _____ State _____ Zip Code _____
6. Email Address _____
7. Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____
8. Scheduled dates of operation in Virginia From: _____ To: _____
 MM/DD/YYYY MM/DD/YYYY

LICENSE IS EFFECTIVE FOR ONLY SEVEN CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE

➤ **A firm may obtain a maximum of five (5) event body-piercing or ear-piercing salon licenses within a calendar year.**

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1254	

9. Enter the following information for each Responsible Manager (sole proprietor, general partners, association members) of the guest body-piercing or ear-piercing salon.

Individual's Full Legal Name	Title	Address	Social Security No. or VA DMV Control No.*	Date of Birth

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

10. Has the parlor, or any member of the Responsible Management, ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
 No
 Yes If yes, complete the Disciplinary Action Reporting Form.
11. Has the parlor, or any member of the Responsible Management, ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or ear-piercing **denied** by any (including Virginia) local, state or national regulatory body?
 No
 Yes If yes, complete the Denial of Licensure Reporting Form.
12. Has the parlor or any member of the Responsible Management, ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 10 years?
 No
 Yes If yes, complete the Criminal Conviction Reporting Form.
13. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology, Board for Barbers and Cosmetology Regulations and Esthetics Regulations; Body-Piercing Regulations and Tattooing Regulations*.

Signature of Responsible Management is required:

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____