

ESTABLISHMENT APPLICATION RESPONSIBILITIES/REQUIREMENTS

Establishment Application Requirements:

Please call or email the Board of Barbering and Cosmetology (Board) at barbercosmo@dca.ca.gov if you have any questions about these requirements.

- A signed completed Application for Establishment License with a check or money order made payable to the Board of Barbering and Cosmetology mailed to P.O. Box 944226, Sacramento, CA 94244 for \$50.00.
- Affidavits completed and attached for all owners of the establishment (each individual must have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)).
- Include with each Affidavit a copy of a current valid government issued photographic identification (ID). Acceptable forms of identification are: driver's license, state ID card, passport ID card, or military ID card.
- Attach a Request for Closure of An Establishment License form (if applicable).
- Attach proof that you are the person/company that either owns or leases the property. Examples of proof: copies of the property tax bills in you or your company's name or copy of the lease agreement.
- If the applicant is a corporation, limited liability company (LLC), or a partnership, include a copy of your Employer Identification Number (EIN) certificate from the Internal Revenue Service (IRS).
- A copy of your City Business License or a copy of your Fictitious Business Name Filing.

Prior to receiving an establishment license all outstanding fines must be paid by all owners.

Owner Responsibilities:

- The owner(s) of an establishment and all operators shall be responsible for implementing and maintaining the Board's laws and regulations.
- All establishments that provide barbering, cosmetology (including manicuring and esthetician), or electrology services are subject to inspections by the Board. If violations are found, both the establishment owner(s) and all operators present at the time of the inspection may be issued a citation and assessed an administrative fine ranging from \$25 to \$1,000 per violation. Please note that as an establishment owner you will always be cited for **all** the violations found in the establishment regardless of who caused or whose station the violation was found in.
- All operators performing barbering, cosmetology, or electrology services shall have a current license that is displayed at their primary work station. **Note:** The Board recommends that owners verify the license of each individual prior to employment. License verification can be done online at www.breeze.ca.gov.
- A person licensed by the Board (except an apprentice) shall be in charge of an establishment at all times.
- The Board's Health and Safety poster and the establishment license shall be conspicuously posted in the reception area. **Note:** The establishment license is only valid to the specific location listed on the license and to the individual(s) issued the license. If you move to a different location, add or delete a partner, or there was a change in ownership, you must obtain a new establishment license.

Rules and Regulations and Establishment Self Inspection Worksheet:

- Please review the Board's laws and regulations and the Board's Self Inspection Worksheet to ensure that your establishment is in compliance with the law. The Board laws and regulations can be found on the Board's website at www.barbercosmo.ca.gov under "Laws & Regs" and the Self Inspection Worksheet can be found under "FORM/PUBS" under Enforcement.

Establishment Requirements:

- Hand Washing Facilities - Every establishment shall provide adequate hand washing facilities, including soap, paper towels or air hand dryers and hot and cold running water located within or adjacent to the toilet room.
- Hot and Cold Running Water - At least one sink with hot and cold running water shall be provided in each work area or workroom where hairdressing is performed in each establishment.
- Drinking Water - Potable drinking water shall be available to patrons and employees. **Note:** New buildings and remodels may be required by local building permit authorities to have a drinking fountain. Please check with your local city or county for building requirements.
- Toilet Facilities - Every establishment shall provide at least one public toilet room located on or near the premises, for its patrons. No restroom shall be used for storage. For detailed requirements please see The Barbering and Cosmetology Act and Regulations, Business and Professions Code section 7351.
- Cleanliness and Repair - All establishments shall keep the floors, walls, woodwork, ceilings, furniture, furnishing and fixtures clean and in good repair.
- One covered waste container for the disposal of hair.
- Closed containers to hold all soiled towels, gowns, smocks, linens and sheets in any enclosed area frequented by the public.
- Closed, clean cabinets, drawers, or containers to hold all clean non-electrical tools, towels, gowns, smocks, linens and sheets.
- Containers for disinfectant solution for tools and equipment to be disinfected. Containers must be labeled "Disinfectant Solution".
- Disinfectant solution, mixed according to manufacturer's directions, available for use at all times.
- A manufacturer-labeled container for the disinfectant used must be available at all times in the establishment.

Frequently Asked Questions

1. **Do I have to have hot and cold running water in my esthetician room?**
No, only in a work area or work room where hairdressing is being performed.
2. **Can I have a washer and dryer in the restroom?**
No, it is considered storage and would be a violation of Business and Professions Code section 7351.
3. **Do I need an EIN number from the IRS for a partnership, or can we just use one of our SSN's in place of this?**
No, you must have an EIN number if you are filing as a partnership.
4. **Do I need to fill out a new application and submit a new fee if I am changing suites at the same address?**
Yes.
5. **Do I need to use my SSN on the Affidavit?**
Yes, if you have one. If you only have an ITIN to work in the US that is acceptable. If you have a valid SSN, you must complete the Affidavit with your valid SSN.
6. **Can I have a Barber Pole, or a Barber sticker in front of my Cosmetology Salon?**
Yes, but you must employ a licensed barber.
7. **Can I have an Apprentice working in my Salon?**
Yes, please view the Apprentice Information on our website at www.barbercosmo.ca.gov under "APPLICANTS". You must work through a program sponsor.
8. **If I live in an area where I do not get mail delivered to my salon, should I include a P.O. Box or alternate address to be added as a mailing address?**
Yes, please include a mailing address if you cannot get mail or do not want to get mail at your establishment.



(1007) APPLICATION FOR ESTABLISHMENT LICENSE AND INITIAL LICENSE FEE \$50.00 (non-refundable)

For Cashiering Use Only: 1020			
Entity #	Receipt #	Amount \$	
Entity #	License #		
SECTION A: ESTABLISHMENT INFORMATION			
Name of Establishment (print clearly)			Telephone Number ()
Street Address (include suite number if applicable)	City	State CA	Zip Code
Mailing Address (if different from address above)	City	State	Zip Code
Contact Name and Email Address			Contact Telephone Number ()
Is this establishment located in a home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes , please see Business and Professions Code sections 7346, 7350, and 7353 for the requirements for a home salon.			
Date you plan to open or took over this establishment? _____			
Are you changing the location of an existing establishment that you own? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes , please complete the Request for Closure of An Establishment License form attached.			
Are you located inside a business? Example: Health Club, Hotel, Retirement Community, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes , type of business _____			
SECTION B: OWNERSHIP QUESTIONS (only ONE establishment license can be issued per ADDRESS)			
1. Was this location vacant when you moved in?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No, what type of business was in the location? _____			
2. Are you purchasing or taking over an existing establishment?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes, have the <i>previous owner complete</i> the form entitled "Request for Closure of An Establishment License" and attach the form to this application.			
If you are unable to have the previous owner complete the Request for Closure form, please list the name of the prior establishment _____ and/or the License # _____.			

SECTION C: OWNERSHIP (Individual, Married Couple or Registered Domestic Partners, Partnership, Corporation or LLC) complete only ONE section that applies to the type of ownership established for your business.

If Owner is an INDIVIDUAL complete the following and attach an Affidavit.

Individual: One person will control all ownership liabilities, requirements, and responsibilities of the establishment.

Last Name	First Name	Middle Name
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(OR)
If Owner is a MARRIED COUPLE or REGISTERED DOMESTIC PARTNERS complete the following and attach an Affidavit for each individual.

Married Couple or Registered Domestic Partners: Two persons will share all ownership liabilities, requirements, and responsibilities of the establishment.

Last Name	First Name	Middle Name
Last Name	First Name	Middle Name

(OR)
If Owner is a PARTNERSHIP (list ALL partners - attach a separate sheet if needed) complete the following and attach an Affidavit for each partner.

Partnership: Two or more persons will share all ownership liabilities, requirements, and responsibilities of the establishment. If this category applies, each person is to provide his/her name in the appropriate sections, along with the partnership's EIN. Partnerships must be issued an EIN from the IRS for the application to be processed. Your application will not be processed without an EIN.

Employer Identification Number (EIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name		Middle Name						

(OR)
If owner is a CORPORATION or LLC (one or more persons in a corporation or LLC registered with the California Secretary of State to show ownership) complete the following and attach an Affidavit for each owner or member.

Corporation or LLC: A corporation registered with the State of California, Secretary of State, will be responsible for all liabilities and requirements of the establishment. If this category applies, list the name of the corporation or LLC, along with all officer's names and titles or members (if LLC with no officers) as well as the EIN for the corporation or LLC. Corporations or LLC's must register with the California Secretary of State and be issued an EIN from the IRS for the application to be processed.

Name of Corporation or LLC								
Employer Identification Number (EIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title/Member	Last Name	First Name		Middle Name				

SECTION D: APPLICATION ATTACHMENTS

Please initial that you have included the following documents with your application package. All incomplete applications will be returned to sender.

- Completed and signed application with the required **Application and Initial License Fee of \$50.00**
 - Completed and signed Affidavits are attached for all owners of the establishment.
 - A legible copy of an acceptable photographic identification for each owner: a driver’s license, a state ID card, passport or military ID card.
 - Completed and signed Request for Closure of An Establishment License form attached (if applicable.)
 - Attach proof that you are the person/company that either owns or leases the property. Examples of proof: copies of the property tax bills that are in your or your company’s name or copy of the lease agreement.
 - If you are a corporation, LLC, or partnership attach a copy of your EIN certificate from the IRS.
 - Attach a copy of your City Business License or a copy of your Fictitious Business Name Filing.
- If you are unable to supply any of the above documentation please supply a letter of explanation.

SECTION E: CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct to the best of my/our knowledge and that the establishment will meet all the requirements set forth in the Barbering and Cosmetology Act & the California Code of Regulations before opening business.

WHO MUST SIGN THIS FORM:

IF INDIVIDUAL OWNER: THE OWNER

IF A MARRIED COUPLE or REGISTERED DOMESTIC PARTNERS: BOTH INDIVIDUALS

IF A PARTNERSHIP: ALL AUTHORIZED PARTNERS

IF A CORPORATION or LLC: THE PRESIDENT, THE TREASURER, or MEMBER(S) (if LLC with no Officers)

X _____	_____	_____
Signature	Print Name	Date
X _____	_____	_____
Signature	Print Name	Date
X _____	_____	_____
Signature	Print Name	Date
X _____	_____	_____
Signature	Print Name	Date

I also certify that I have read and understand the following:

As the owner of this establishment I understand that I am responsible for implementing and maintaining all the health and safety laws and regulations in this establishment and that I as an establishment owner will be cited for all the violations found in this establishment regardless of who caused or whose station the violation was found in. I also understand that if present the licensee or unlicensed individual will also be cited for violations found at their station.

Initial _____ Initial _____ Initial _____ Initial _____

Please have all parties sign the application and include the initial license fee of \$50.00.



BOARD OF BARBERING AND COSMETOLOGY

P.O. Box 944226, Sacramento, CA 94244-2260

P (800) 952-5210 F (916) 575-7281 www.barbercosmo.ca.gov



AFFIDAVIT

Please print clearly. Make additional copies as needed. Attach a copy of your government issued photo ID.

I am completing this Affidavit as a:			
<input type="checkbox"/> Individual <input type="checkbox"/> Married Couple or Registered Domestic Partners <input type="checkbox"/> Partner <input type="checkbox"/> Corporation Officer <input type="checkbox"/> LLC Officer or Member			
Last Name		First Name	
Middle Initial			
Residence Address (home address)		City	State
Zip Code			
Phone Number () ()	Fax Number () ()	E-mail Address	
Social Security Number or Individual Taxpayer Identification Number □ □ □ - □ □ - □ □ □ □		Date of Birth □ □ - □ □ - □ □ □ □ Month Day Year	
Do you hold or have you held any additional licenses issued by the Board of Barbering and Cosmetology?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list license types, numbers: _____			
Do you have any outstanding fines owed to the Board of Barbering and Cosmetology?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a legal name change?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide any other names used: _____			
Have you ever been convicted of or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? If yes , answer the following questions. Attach additional pages if needed. <i>Your application will be delayed by 2 to 6 months, if the information provided is not complete</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction(s): _____			
Type of Violation(s): _____			
Court(s) Where Conviction(s) Occurred: _____			
Penalties Received: _____			
<ul style="list-style-type: none"> • Include copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation. • A letter from you describing the underlying circumstances of arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems. 			
Include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under California Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).			
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach an explanation that includes license type, action, and company name (if applicable), year of action and state that it occurred in.			
I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing affidavit, including all supplementary statements.			
X Signature		Date	
FOR OFFICIAL USE ONLY			
Date Sent to Enforcement		Enforcement Approval	Date



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REQUEST FOR CLOSURE OF AN ESTABLISHMENT LICENSE

Instructions to Licensee: Complete this form if you are closing your establishment or selling your establishment to another individual. If you are selling your establishment, the new owner must apply for a new establishment license by submitting an Application for Establishment License and Initial License Fee.

SECTION A: ESTABLISHMENT INFORMATION

License Number

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Name of Establishment

Telephone Number
()

Establishment Address

City

State

Zip Code

Name of Owner/Corporation

Address

City

State

Zip Code

I sold this business to _____

Effective: Month _____ Day _____ Year _____

I closed this business

Effective on: Month _____ Day _____ Year _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

X _____
Signature of Licensee

Date



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INFORMATION COLLECTION, ACCESS AND DISCLOSURE

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

Board of Barbering and Cosmetology

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:

Executive Officer

ADDRESS:

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

INTERNET ADDRESS:

www.barbercosmo.ca.gov

TELEPHONE AND FAX NUMBERS:

(916) 574-7570 phone (916) 575-7281

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:

Your completed application becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) DISCLOSURE

Disclosure of your SSN or ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorizes collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

TAXPAYER INFORMATION

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.