



(1020) APPLICATION FOR ESTABLISHMENT LICENSE INSTRUCTIONS AND CHECKLIST (\$50 Nonrefundable Application Fee)

Complete this form in accordance with the instructions below and include additional pages and documents as necessary. The California Board of Barbering and Cosmetology (Board) cannot process the document unless all applicable requested information is provided.

EXPEDITED APPLICATION PROCESSING

1. If you qualify for expedited application processing based on the criteria listed on the application, select the appropriate box. If this section does not apply, leave blank.

SECTION A – APPLICANT/OWNERSHIP INFORMATION

2. NAME: Provide the Last Name, First Name, and Middle Name (if applicable) of the applicant/owner of the establishment.
3. ADDRESS: Provide the physical address of the establishment and the mailing address.
4. TELEPHONE NUMBER: Provide a current telephone number, including area code.
5. E-MAIL ADDRESS (OPTIONAL): Provide a current e-mail address if you would like to receive correspondence and updates from the Board.
6. CONTACT PERSON: Name of the person to contact with any questions concerning the application.
7. TELEPHONE NUMBER: Provide a current telephone number, including area code, for the contact person.

SECTION B – ESTABLISHMENT QUESTIONS

Select “Yes” or “No” in response to the questions listed on the form and provide the information listed.

SECTION C – CERTIFICATION

8. NAME: Print the full legal name of the applicant/owner of the establishment.
9. SIGNATURE OF APPLICANT/OWNER: The applicant/owner who completed Sections A and B provides their signature and the date they signed the form (Month/Day/Year).

SECTION D – FORM OF BUSINESS ORGANIZATION

10. Select **ONE** ownership option and complete the section which applies
 - a. **SOLE PROPRIETORSHIP/INDIVIDUAL OWNER**
 - i. NAME: Provide your Last Name, First Name, and Middle Name (if applicable).
 - ii. SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER: Provide your Social Security Number or Individual Taxpayer Identification Number.
 - iii. DATE OF BIRTH: Provide your date of birth (Month/Day/Year).
 - b. **PARTNERSHIP**

- i. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): Provide the FEIN for the partnership.
 - ii. NAME: Provide the Last Name, First Name, and Middle Name (if applicable) of all partners.
 - iii. DATE OF BIRTH: Provide the date of birth of all partners (Month/Day/Year).
- c. CORPORATION or LLC
- i. NAME OF CORPORATION or LLC: Provide the full legal name of the corporation or LLC.
 - ii. FEIN: Provide the FEIN of the corporation or LLC.
 - iii. SECRETARY OF STATE CORPORATE ENTITY REGISTRATION NUMBER: Provide the full California Corporation Number (12 digits for LLC or 7 digits for Corporation with a C in front of the digits). Note: Please provide a current and active California Secretary of State corporate entity registration number below. For questions regarding registration requirements, please contact the California Secretary of State; their information is available at www.sos.ca.gov.)
 - iv. TITLE/MEMBER: Provide the title for each controlling officer or member of the corporation or LLC (e.g., CEO, CFO, etc.). For the purposes of this application, “controlling officer” shall mean the principal individuals who are the officers, directors, managers, or officials of the corporation who are responsible for the operations or management of the corporation.
 - v. NAME: Provide the Last Name, First Name, and Middle Name (if applicable) of each controlling officer of the corporation.
 - vi. MEMBER’S SOCIAL SECURITY NUMBER/ITIN: Provide the Social Security Numbers or Taxpayer Identification Number (ITIN) for each member of the corporation or LLC.
 - vii. MEMBER’S DATE OF BIRTH: Provide the date of birth for each member of the corporation or LLC (Month/Day/Year).

SECTION E – BACKGROUND INFORMATION

11. Select “Yes” or “No” in response to the questions listed on the form and provide the information listed in Section E. 1. or 2, as applicable, if you select a “Yes” response.

- a. Question #1 – NOTE: Applicants are not required to disclose any of the following convictions in response to this question:
 - i. Convictions dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement.
 - ii. Convictions for which the person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code;
 - iii. Convictions for which the person has been granted clemency or a pardon by a state or federal executive;
 - iv. An arrest that resulted in a disposition other than a conviction including an infraction or citation
 - v. Convictions that were adjudicated in the juvenile court; or,
 - vi. Convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older.

- b. Question #2 – NOTE: For the purposes of this application, “disciplined” shall mean suspended, revoked, placed on probation, public reproof, reprimand, or any other form of restriction placed upon any other license, registration, certification, or permit that the applicant held or currently holds. An applicant shall not be required to disclose any discipline that was based upon a conviction that has been dismissed pursuant to section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code or a comparable dismissal or expungement.
- c. Question # 5 – NOTE: “Evidence” shall include:
 - i. Form I-94, arrival/departure record, with an admission class code such as “re” (refugee) or “ay” (asylee) or other information designating the person as a refugee or asylee.
 - ii. Special Immigrant Visa that includes the “si” or “sq”.
 - iii. Permanent resident card (Form I-551), commonly known as a “green card”, with a category designation indicating that the person was admitted as a refugee or asylee.
 - iv. An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Business and Professions Code section 135.4.

SECTION F – FINAL CERTIFICATION

12. WHO MUST SIGN THE FORM (AS APPLICABLE):

- a. Sole Proprietor/Individual Owner
- b. If Partnership
 - i. ALL Partners
- c. If Corporation or LLC
 - i. Authorized Representative(s). This is the person or persons who have been authorized to complete the application on behalf of the corporation or LLC.

Notice to Applicants

The non-refundable application fee of \$50 must accompany this application.

APPLICATION FOR ESTABLISHMENT SCHEDULE OF FEES

FEE TYPE	FEE AMOUNT
Application Fee (Nonrefundable)	\$50
Renewal Fee	\$40
Delinquency Fee	\$20

INFORMATION COLLECTION, ACCESS, AND DISCLOSURE

***This statement is for your information.** The Information Practices Act, Section 1798.17 of the 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: 1625 North Market Blvd, Suite 202, Sacramento, CA 95834

INTERNET ADDRESS: www.barbercosmo.ca.gov

TELEPHONE AND FAX NUMBERS: Phone: (916) 574-7570 Fax: (916) 575-7281

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION: BPC Sections 30, 31, 494.5, 7355, 7357, and 7358 and CCR section 937.

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 and to establish positive identification. Each individual has the right to review their files or records maintained on them by this agency, unless the records are exempted by section 1798.40 of the California Civil Code.

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. 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), if the application is approved and the license granted, the personal or business name of the applicant and the address information entered on the attached form(s) will become public information subject to disclosure. However, in addition to the name and address, except for the SSN, ITIN or FEIN, other information provided on this form may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to a court order or subpoena.

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER (SSN/ITIN): Disclosure of your social security number or taxpayer identification number 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)] authorize collection of your social security number or taxpayer identification number. Your social security number or taxpayer identification number 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 social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

TAX OBLIGATION DISCLOSURE NOTICE: Under BPC sections 31 and 494.5, the California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the CDTFA or FTB certified list of top 500 tax delinquencies.



(1020) APPLICATION FOR ESTABLISHMENT LICENSE (\$50 Nonrefundable Application Fee)

Cashiering (1020) Use Only:	Entity #:	Receipt #:	Amount: \$
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I qualify for expedited application processing based on one of the below criteria:
 Honorably Discharged Veteran of the United States Armed Forces or National Guard
 Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

SECTION A: APPLICANT/OWNERSHIP INFORMATION

Full Legal Name of Applicant/Owner of Establishment *(please print clearly)*

Establishment Name

Last Name	First Name	Middle Name
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Physical Address	Apt./Suite	City	State	Zip Code
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Mailing Address <i>(if different from physical address)</i>	Apt./Suite
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City	State	Zip Code
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Telephone Number (<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"/> <input type="text"/>	Email Address (optional)
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Name of Contact Person for this Application:	Telephone Number (<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"/> <input type="text"/>
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SECTION B: ESTABLISHMENT QUESTIONS

Is this establishment in a home? If yes, please see Section 6 of the Barbering and Cosmetology Act (https://barbercosmo.ca.gov/laws_regs/laws.shtml).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you changing the location of an establishment that you own? If yes, please complete and submit an Establishment Closure form (https://barbercosmo.ca.gov/forms_pubs/forms/estab_close.pdf). Establishment License number: A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you taking over/buying an existing establishment? If yes, please have the previous establishment owner submit an Establishment Closure form (https://barbercosmo.ca.gov/forms_pubs/forms/estab_close.pdf). Previous Establishment License number: A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you located inside of another business (i.e., Health Club, Retirement Home, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date you plan to open: --

Preferred Language: _____

SECTION C: CERTIFICATION

We, the undersigned, certify under penalty of perjury under the laws of the State of California that all information contained on this document and on any attachments is true and correct.

Printed Name of Applicant/Owner _____

Signature of Applicant/Owner _____	Date (Month/Day/Year) _____
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SECTION D: FORM OF BUSINESS ORGANIZATION – Select ONE ownership option below and complete that section.

SOLE PROPRIETORSHIP/INDIVIDUAL OWNER
 PARTNERSHIP
 CORPORATION or LLC

SOLE PROPRIETORSHIP/INDIVIDUAL OWNER

Last Name _____	First Name _____	Middle Name _____
Social Security Number/Individual Taxpayer Identification Number <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"/>	Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </small>	

PARTNERSHIP

Federal Employer Identification Number <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 _____
Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </small>	Social Security Number/ITIN <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	
Date of Birth				Social Security Number/ITIN		
<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"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>				
Month		Day		Year		
Last Name		First Name		Middle Name		
Date of Birth				Social Security Number/ITIN		
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Month		Day		Year		
CORPORATION or LLC						
Name of Corporation or LLC						
FEIN				Secretary of State Corporate Entity Registration Number		
<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"/>				(12 digits for LLC C + 7 digits for Corporation)		
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Title/Member		Last Name		First Name		Middle Name
Member's Social Security Number/ITIN				Member's Date of Birth		
<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"/>		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Month		Day		Year		
Title/Member		Last Name		First Name		Middle Name
Member's Officer Social Security Number/ITIN				Member's Date of Birth		
<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"/>		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Month		Day		Year		
Title/Member		Last Name		First Name		Middle Name
Member's Officer Social Security Number/ITIN				Member's Date of Birth		
<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"/>		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Month		Day		Year		
Title/Member		Last Name		First Name		Middle Name
Member's Officer Social Security Number/ITIN				Member's Date of Birth		
<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"/>		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Month		Day		Year		

SECTION E: BACKGROUND INFORMATION – Check YES or NO for each of the questions below.

1. Has the applicant, any partner, or controlling officer of the partnership, corporation, or LLC ever been convicted of any crime or offense for which a license may be denied pursuant to BPC section 480, including:
- a. A criminal conviction for a serious felony under Penal Code section 1192.7;
 - b. A criminal conviction that qualifies as a registerable offense under Penal Code section 290(d)(2) or (d)(3);
 - c. A criminal conviction that occurred within the last seven (7) years preceding the application date;
 - d. A criminal conviction for which the applicant or controlling officer is presently incarcerated; or,
 - e. Any conviction for which the applicant or controlling officer was released from incarceration within the preceding seven (7) years?

Yes No

**If YES, the applicant shall attach documents or a written statement on a separate sheet(s) of paper that contains the following information, as applicable:*

- (A) plea/conviction date,*
- (B) incarceration date,*
- (C) incarceration release date,*
- (D) probation/parole release date,*
- (E) arresting agency,*
- (F) court name/location,*
- (G) name of the case and case/docket number,*
- (H) list of codes or laws violated,*
- (I) explanation of the offense(s)/details of the crime(s), and,*

a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

2. Within the preceding seven (7) years from the date of the application, has the applicant, or any partner officer or controlling officer of the business had a license, permit, registration, or certification (“license”) that was formally disciplined by a licensing board in or outside of California?

Yes No

**If YES, the applicant shall attach copies of the disciplinary decision taken by the licensing board, agency, or other governmental organization (“board”) that contains the following information:*

- (A) the type of disciplinary action taken (e.g., revocation, suspension, probation),*
- (B) the effective date of the disciplinary action,*
- (C) the license type,*
- (C) the license number,*
- (D) the name and location of the licensing board, and*
- (E) an explanation of the violations found by the licensing board.*

In addition, the applicant may submit a statement or documents showing the applicant’s rehabilitation efforts or any mitigating information that the applicant would like the Board to consider.

<p>3. Does the applicant hold any professional or vocational license(s) with any other California Board? <i>*If YES, list License Number(s), License Type, and Name of the Issuing California Board here:</i></p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Are you serving in, or have you previously served in, the United States military? (BPC section 114.5)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. If you answered "Yes" to Question No. 4 above, are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? (BPC section 115.4)</p> <p><i>*If YES, attach a copy of your previous military service (DD214 – Certificate of Release or Discharge from Active Duty, or current military orders) for expedited review of your application.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Do any of the following statements apply to you:</p> <ul style="list-style-type: none"> a. You were admitted to the United States as a refugee pursuant to section 1157 of Title 8 of the United States Code, b. You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of Title 8 of the United States Code; or, c. You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602 (b) of Title VI of Division F of Public Law 111-8 [relating to Iraqi and Afghan translators/interpreters of those who worked for or on behalf of the United States Government]. <p><i>*If YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder as provided in the instructions page above. Failure to do so may result in application processing delays.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Do you hold or have you held any additional licenses issued by the Board of Barbering and Cosmetology?</p> <p>If yes, list license types, numbers: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Do you have any outstanding fines owed to the Board of Barbering and Cosmetology?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Have you ever had a legal name change?</p> <p>If yes, provide any other names used: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION F: FINAL CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that I am authorized to sign this application on behalf of the applicant, that I have read this application and the information provided herein along with any accompanying documents, and that the foregoing and all attachments are true and correct.

In signing this application, I further acknowledge receiving notice of the following:

BPC section 7359 states:

“It is unlawful for any person, firm, or corporation to hire, employ, allow to be employed, or permit to work, in or about an establishment, any person who performs or practices any occupation regulated under this chapter who is not duly licensed by the board. Any person violating this section is guilty of a misdemeanor.”

*I certify that I have read and understand the information, **Know Your Workers’ Rights**, provided by the California Board of Barbering and Cosmetology at https://www.barbercosmo.ca.gov/consumers/workers_rights.shtml. 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: Individual owner, or if Partnership – all partners, or if Corporation or LLC – all authorized representative(s).

Signature	Printed Name	Title	Date (Month/Day/Year)
Signature	Printed Name	Title	Date (Month/Day/Year)
Signature	Printed Name	Title	Date (Month/Day/Year)
Signature	Printed Name	Title	Date (Month/Day/Year)