

INSTRUCTIONS FOR FILING - Barber Shop or Beauty Shop

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

NEW SHOP

APPLICATION

Complete the application form by typing or printing legibly in dark ink. Sign the application. If application is for a corporation, partnership, LLC, or LLP, page 2 must be completed.

- **Failure to provide all the requested information will delay the processing of your application.**
- Applicants are subject to requirements in effect at time of filing.
- **A currently licensed barber is required to qualify a barber shop. A currently licensed beauty operator is required to qualify a beauty shop.**

SOCIAL SECURITY NUMBER

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 the 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 disclosure (and by the federal cites shown above, we are authorized to require the social security number).

SANITATION CLEARANCE

ATTACH a copy of the sanitation clearance issued **not more than 1 year ago** by the State Department of Health after inspection. Inspection reports are not acceptable. **The name and address on the sanitation clearance must be exactly the same as the "Name" and "Business Location" that you provided on the application form.** Contact the Department of Health, Sanitation Branch to schedule your inspection.

Oahu: (808) 586-8000

Hilo: (808) 933-0917

Kona: (808) 322-1507

Maui/Lanai/Molokai: (808) 984-8230

Kauai: (808) 241-3323

BARBER/BEAUTY OPERATOR-IN-CHARGE

There must be a barber/beauty operator-in-charge, responsible for **each** service that is being provided in your shop. The designated barber/beauty operator-in-charge must sign acknowledgement on application. Attach additional sheets if necessary.

If the barber/beauty operator-in-charge is not a licensed cosmetologist and if more than one type of service is being provided (eg. nails, esthetics, hairdressing), you must list a barber/beauty operator-in-charge for each particular service.

If you designate a barber/beauty operator-in-charge who is currently (or was recently) an operator-in-charge for another shop, please submit the following as it applies to your situation:

- Statement that your operator-in-charge is no longer employed by the previous shop; or
- Statement explaining how your operator-in-charge will act as the operator-in-charge of both shops ("dual" operator-in-charge status).

NOTE: Once licensed, a barber shop may employ licensed beauty operators. Likewise, once licensed, a beauty shop may employ licensed barbers. Report all changes to your "operator-in-charge" in writing.

ENTITY REGISTRATION

If the application is for a corporation, partnership, LLC or LLP we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii: Call (808) 586-2727 or visit their website at: www.businessregistrations.com/home.html to order Certificates of Good Standing, forms, etc.

Instructions for "Yes" Answers to Questions (4) through (5) of the Application for License (LB-15)

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

1. Questions 4(a) and/or 4(b) refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "yes" to one or more of these questions, you must **submit** the following:
 - 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 fact and conclusions of law, and any other relevant documents;
2. If your application indicates a criminal conviction, read paragraph "B" below, and you must **submit** the following:
 - 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; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders;
 - iv. 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, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: www.hawaii.gov/hcjdc 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 & RULES

To obtain a copy of the laws and rules, submit a written request to the address above or you may download them from our website at www.hawaii.gov/dcca/areas/pvl. Click on "Barbering and Cosmetology". Then click on "Statute/Rule Chapter" on the right.

Barber laws, Chapter 438, HRS and rules, Chapter 73, HAR.
Cosmetology laws, Chapter 439, HRS and rules, Chapter 78, HAR.
Chapter 436B HRS, Professional and Vocational Licensing Act.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

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 OR CHANGE -
BARBER SHOP or BEAUTY SHOP**

Read attached instructions for filing before completing form.

Indicate the type of APPLICATION and LICENSE you are applying for:

- () **New License:** Barber Shop Beauty Shop
(circle one)
- () **Relocation.** Same owner but in a different location. License No. _____
(Attach sanitation clearance for new location and \$50)

Name (Individual-LAST, First, Middle; Corporation/Partnership/LLC/LLP):

Trade Name (Attach verification of trade name registration):

Complete Business Location (street no. & name, suite no. city, state, zip code)

Mailing Address: (ONLY if different from Business Location)

Social Security No. (Individual/Sole owner) Business Phone:

FOR OFFICE USE

Effective Date	License No. BAS- BSH-
Approved (initials/date)	

Circle the type of BUSINESS ENTITY:
 INDIVIDUAL (Sole Owner) CORPORATION PARTNERSHIP
 LLC LLP

BARBER/ BEAUTY OPERATOR -IN- CHARGE	Name (First, Middle, LAST)	License No.	Category:	Date of License:	Phone No. (days)
	Name (First-Middle-LAST)	License No.	Category:	Date of License:	Phone No. (days)

ACKNOWLEDGEMENT:

I do hereby acknowledge that I will be the operator-in-charge of this shop. I also acknowledge that I have read and do understand the statutes and rules of the Board of Barbering and Cosmetology, and my responsibilities.

Signature of Operator-in-charge _____ Date _____ Signature of Operator-in-charge _____ Date _____

List NAME and LICENSE NUMBERS of all barber/beauty operators who will be working for or associated with this shop:

The following questions pertain to the applicant and persons (operator(s) in charge, officers, directors, managers, partners, etc.) responsible for the barber/beauty shop. Circle answers. If response is "Yes" to questions 4 or 5, refer to the instructions for additional documents that must be submitted with this application.

1. Are you at least 16 years of age for a barber shop or 17 years of age for a beauty shop?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. (a) Have 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 action pending or any license being investigated?YES NO
5. In the past 20 years, have the applicant, any officers, partners, managers or members ever been convicted of a crime in which the conviction has not been annulled or expunged?YES NO

IF APPLICATION IS FOR A CORPORATION, PARTNERSHIP, LLC, OR LLP, THE REVERSE SIDE MUST BE COMPLETED.

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and the documents submitted are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 438-14 Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Chapter 438 and/or Chapter 439, Hawaii Revised Statutes, and Chapter 73 and/or Chapter 78, Hawaii Administrative Rules.

Date

Signature
of Applicant (Shop owner) _____
Title _____

CONTINUED ON BACK

Barber Shop:	App..... 040..... \$50	Beauty Shop:	App..... 141..... \$50
	Lic..... 045..... \$25		Lic..... 146..... \$25
	CRF..... 041..... \$35/70		CRF..... 142..... \$35/70
	½ Ren..... 030..... \$30		½ Ren..... 130..... \$25
	Relocate..... 039..... \$50		Relocate..... 139..... \$50
	Service Fee..... BCF..... \$25		Service Fee..... BCF..... \$25

Name of Applicant:

	NAME (First-MI-Last)	ADDRESS (include zip code)
OFFICERS OF CORPORATION, PARTNERS, MANAGERS OR MEMBERS	President, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address
	Vice-President, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address
	Secretary, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address
	Treasurer, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT.

HAVE YOU REMEMBERED TO:

1. Sign application.
2. **Attach** your check made payable to COMMERCE AND CONSUMER AFFAIRS in the appropriate amount.
3. **Attach** a current sanitation clearance issued by the State Department of Health.
4. Have your beauty/barber operator-in-charge sign the "Acknowledgement of Operator-in-charge".
5. **Attach** evidence of registration as an entity in Hawaii.
6. **Attach** evidence of trade name registration.
7. Indicate the type of license you are applying for.
8. Complete page 2 of the application form if you are an entity.

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.

IMPORTANT NOTICE

BOARD OF BARBERING AND COSMETOLOGY

New License Requirement

Effective June 17, 2003 and pursuant to Hawaii Revised Statutes section 436B-10 and federal law, it is the policy of the State of Hawaii ("**State**") Board of Barbering and Cosmetology ("**Board**") that, in addition to meeting the education, experience, and examination requirements for licensure, an applicant for a Hawaii barber's, cosmetologist's, hairdresser's, esthetician's, nail technician's, or instructor's license is required to be either **a United States citizen, a United States national, or an alien authorized to work in the United States.**

This means that, even if an applicant meets the education, experience, and examination requirements for licensure, that applicant shall not be issued a license if that applicant is not a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.

However, the Board will issue the applicant a **conditional approval** that signifies that the applicant has met the education, experience, and examination requirements for licensure; provided that this conditional approval shall **not** be considered a license to engage in the profession and shall **not** authorize the applicant to work in our State. To obtain authorization to work in our State, the applicant shall be required to contact the U.S. Citizenship and Immigration Services ("**USCIS**"). In addition, federal law [45 U.S.C. 666 (a)(13)(A)] requires that once an applicant is authorized by the USCIS to work in the U.S., the applicant must supply his/her Social Security Number ("**SSN**") so that states can use this information for child support enforcement purposes.

Once the applicant submits evidence to the Board that the USCIS has authorized the applicant to work in the U.S. (without conditions or other encumbrances), **provides a SSN**, and meets all of the licensing requirements in effect at that time (including, but not limited to, the requirement that the applicant has not been convicted of any crime that is directly related to the profession), the applicant shall be issued a full and unrestricted license.

This conditional approval shall be valid for two (2) years. An applicant must obtain the appropriate USCIS authorization within this two (2) year period in order to have a license issued. If the applicant is unable to meet this deadline, the applicant may be required to reapply for licensure and meet all of the requirements in effect at that time.