

\*\*\*FOR OFFICE USE ONLY\*\*\*



Signature:

Receipt #:

ID#:

Issue Date:

License #

**Rhode Island  
Board of Hairdressing and Barbering**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For***

**Shop License**

- Hair Design Shop
- Manicuring Shop
- Esthetics Shop

*Print Shop Name*

# GENERAL INFORMATION

## Enclosures

The following materials and information should be enclosed within this application packet:

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## Licensure Requirements

- Application Fee of **\$130.00** (non-refundable).
- Supervising (Licensed) Shop Manager - (**NOTE: Supervising Manager must have been licensed for a period of at least one (1) year immediately prior to the submission of this application for licensure**). Furthermore, the Supervising Manager **shall only be registered to manage one (1) shop at a time** (See Supervising/Shop Manager Registration Application on page 9)\*.
- The Zoning Letter (page 10) must be completed by the city/town building inspector of the city or town in which your shop will be located.
- Compliance with provisions of the Chapter 5-10 of the RI General Laws and the Rules and Regulations (R5-10-HAIR)
- Once your application is complete with all required documents, the license will be issued and you may open your shop/salon.
- An inspection of your shop/salon will be conducted after the shop license is issued. These inspections are scheduled by the Department of Health and you will be notified of the time prior to the inspection.

## Ownership Information

You must provide name(s) and address(es) of the owner of the Shop. You may not operate a cosmetology shop under a previous owner's license. A license cannot be transferred from a previous owner to a new owner at the same location. If you move to a new location, you must re-apply for a new Shop License (You cannot transfer a shop license to another location).

## Rules and Regulations

The rules and regulations pertaining to the Licensure of Barbers, Hairdresser/Cosmeticians, Hairdresser Instructors, Manicurists or Estheticians (R5-10-HAIR) can be obtained by visiting the Rhode Island Department of Health/Board of Hairdressing and Barbering web site at:

[http://www.health.ri.gov/hsr/professions/hair\\_barb.php](http://www.health.ri.gov/hsr/professions/hair_barb.php)

## IMPORTANT!

**\* Licensed Manicurists may only act as Supervising/Shop Managers at Manicuring Shops.**

**Licensed Estheticians may only act as Supervising/Shop Managers at Esthetics Shops.**

**Licensed Hairdressers and Barbers may act as Supervising/Shop Managers at all shops.**

## APPLICATION PROCESS OVERVIEW

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the BOARD.

### Application Process

Please allow a minimum of four weeks for the entire licensure process to be completed. If the applicant has had criminal or disciplinary history in Rhode Island or another state, it may take an additional two or three months for all pertinent documentation to be received, and a decision to be made regarding the issuance of a license. This is an estimate of the amount of time that is required to become licensed. The entire process may take more or less time than estimated.

Licenses will be issued within five working days following the Board's approval of the completed application. Wall permits are mailed approximately two weeks from the date of issuance, and are mailed to the address furnished in the application. It is the applicant's responsibility to notify the BOARD, in writing, if there are changes during the interim, or at any time after the license is issued. It is the responsibility of the licensee to notify the BOARD in writing when there is a change in the shop manager.

HEALTH will not, for any reason, accelerate processing of one applicant at the expense of other applicants. Once completed, the application will be reviewed, and the applicant will be contacted by the BOARD if further information is required. Be advised, the applicant may be required to appear for an interview.

### **NOTE:**

Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal Law.

The license will expire on July 1st\*, and a form will be mailed to renew the shop license prior to expiration. It is the licensee's responsibility to maintain an active license. (***\*All shop licenses are required to be renewed July 1st of every year. Shops licensed prior to April 21st are required to renew in the July renewal of the same year!***). If a renewal is not received, the licensee is to contact the BOARD to follow-up on the status of the renewal. Information on the status of the renewals can be obtained at HEALTH'S web site.

<http://www.health.ri.gov>

<http://www.health.ri.gov/hsr/professions/license.php>

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your BOARD application, please contact the BOARD at (401) 222-2828.

## INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the License application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

### General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type the information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be sure to print the establishment's name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. It is suggested that a copy of the completed application be made before submitting it to the Board.
5. It is the applicant's responsibility to check on the status of the application.
6. Once your application is complete with all required documents, the license will be issued and you may open your shop/salon.
7. An inspection of your shop/salon will be conducted after the shop license is issued. These inspections are scheduled by the Department of Health and you will be notified of the time prior to the inspection.

### Completing your License Application

1. Complete the **License Application** pages (5-7). Respond to all components of the application as instructed. If you attach separate pages in continuation of the License application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee of **\$130.00** payable to "**Rhode Island General Treasurer**" and staple it to the upper left-hand corner of the cover (Top) page of the application.

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (see page 8). Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

**Rhode Island Department of Health  
Board of Hairdressing and Barbering, Room 104  
3 Capitol Hill  
Providence, RI 02908-5097**



**7. Ownership Information:**

Provide the name address and telephone number(s) of the shop/facility owner in the spaces provided. If necessary, continue below, or on a separate of 8 1/2 X 11" sheet of paper.

Name of Owner																			
D.B.A. (Doing Business As)																			
First Line Address																			
Second Line Address																			
Third Line Address																			
City										State/Province					Zip Code				
Country, if NOT U.S.										Postal Code, if NOT U.S.									
Phone					Extension					Fax									
Email Address (Format for email address is Username@domain e.g. applicant@isp.com)																			
Federal Employer Identification Number (FEIN)																			

**8. Affidavit of Applicant**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentality's (local, state, federal or foreign) to release to the Rhode Island Board of Hairdressing and Barbering any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice pharmacy in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Hairdressing and Barbering of any change in the answers to these questions after this application and this affidavit is signed.

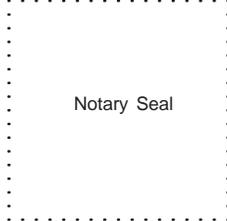
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

**The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.**

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary



\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

# APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

## Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 5-7).
- I have attached the cover page of the application.
- I have completed Section 7, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the “**RI General Treasurer**” in the amount of **\$130.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
  1. Fee (attached as instructed)
  2. Board Application (including cover page) (pages 1 & 5-7)
  3. Supervising/Shop Manager Registration Form (page 9)
  4. Zoning Letter (page 10)
  5. Mandatory Addendum to License Application (page 11)
  6. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Department of Health, Board of Hairdressing and Barbering.



# Rhode Island Board of Hairdressing and Barbering

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

## SUPERVISING/SHOP MANAGER REGISTRATION APPLICATION\*

**IMPORTANT!** Chapter 5-10-15 of the General Laws of Rhode Island states: "...The proprietor of the licensed shop and the manager shall notify the division in writing within ten (10) days upon the termination of employment as the manager of said licensed shop. The license of said shop shall expire forty-five (45) days after the division if so notified by the proprietor if no new manager is registered with the division as the supervising manager of said shop.

I \_\_\_\_\_, the proprietor or chief executive officer of \_\_\_\_\_  
Name of Shop

located at \_\_\_\_\_  
Street City State Zip Code

do hereby make application with the Division of Professional Regulation to register \_\_\_\_\_  
Manager Name

with the Board of Hairdressing and Barbering as the manager of said shop.

### Supervising/Shop Manager Residence and License Information

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Supervising/Shop Manager's License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Shop Telephone Number \_\_\_\_\_

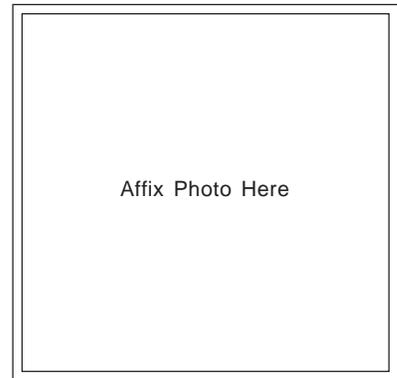
Shop License Number \_\_\_\_\_

### Recent Photograph of Supervising/Shop Manager

Securely tape or glue in this square a current 2" x 2" photograph of the shop manager (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



**Write manager's name on the back of the photograph, and provide the date that the photograph was taken.**

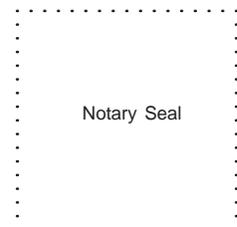
\_\_\_\_\_ Date of Photograph

\* **NOTE:** The Supervising/Shop Manager must have been licensed for a period of at least one (1) year prior to the filing of the application for licensure. Licensed Estheticians may only act as Supervising/Shop Managers at Esthetics Shops; Licensed Manicurists may only act as Supervising/Shop Manager at Manicuring Shops; Licensed Hairdressers and Barbers may act as Supervising/Shop Manager at all shops. Furthermore, the Supervising/Shop Manager shall only be registered to manage one (1) shop at a time. I do solemnly swear (affirm) that I am the proprietor of said shop named in this application, and the photograph attached hereto is a fair likeness of the manager in my employ; that I have made or read the contents thereof, and to the best of my knowledge and belief of the foregoing statements and answers are true in substance and are made in good faith.

\_\_\_\_\_  
Signature of Proprietor

\_\_\_\_\_  
Signature of Manager

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.



\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary No./Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)



**TO:** CITY/TOWN BUILDING INSPECTOR

**FROM:** RI DEPARTMENT OF HEALTH  
OFFICE OF HEALTH PROFESSIONALS REGULATION  
BOARD OF HAIRDRESSING AND BARBERING

**SUBJECT:** ZONING LETTER

The Rhode Island General Laws require that all establishments licensed to practice hairdressing/cosmetic therapy, manicuring, or esthetics meet local zoning law; zoned for business as a Hair Design Shop, Manicuring Shop, or Esthetics Shop.

**Please complete the following:**

The business establishment located in the city/town of \_\_\_\_\_  
located at \_\_\_\_\_,  
meets the requirements as stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of City/Town Official





**Rhode Island Department of Health**

**3 Capitol Hill, Providence RI , 02908-5097**

**MANDATORY ADDENDUM TO LICENSE APPLICATION  
Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

**Licensee Declaration**

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional/Business License for which you are applying.

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Business (If Applicable)

*This form must be completed, signed and attached to your license application for processing.*