

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF BARBERING, COSMETOLOGY, & ESTHETICS

121 South Fruit Street
Concord, N.H. 03301-2412

Telephone 603-271-3608 · Fax 603-271-3950

DAVID GROSSO
Executive Director

LINDSEY COURTNEY
Division Director



**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
BOOTH RENTAL APPLICATION**

YOU MUST ENCLOSE THE FOLLOWING:

1. Questionnaire for Applicants and Licensees;
2. Application fee of \$50.00. Please make check or money order payable to: Treasurer, State of New Hampshire.

Please check one:

INITIAL BOOTH: _____ RELOCATION OF BOOTH: _____

ADDITIONAL BOOTH (If you will be a booth renter in two or more locations): _____

HAVE YOU BEEN A SHOP/SALON OWNER PREVIOUSLY: YES _____ NO _____

NAME OF LICENSED SHOP YOU WANT TO RENT FROM (please put the exact name of the shop with correct spelling so we are able to find it in the database):

YOUR NAME: _____

YOUR HOME MAILING ADDRESS: _____

(Physical) ADDRESS OF SHOP: _____

SHOP PHONE# _____ CELL PHONE # _____ HOME PHONE # _____

EMAIL ADDRESS: _____
(Optional)

YOUR PROFESSIONAL LICENSE # (Cosmetology, barber, esthetics or manicuring): _____

APPLICANT SIGNATURE: _____ Date: _____

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Dear Applicant:

Please be advised that it is your responsibility to be in compliance with all laws and rules of the Board of Barbering, Cosmetology, and Esthetics.

Upon request the Board will provide the licensee with laws governing the practice of Barbering, Cosmetology, and Esthetics and the Administrative rules. You must be in compliance with all laws and rules of the Board, along with your city or town in which your booth is located.

Once a booth renter license has been issued for this location and you decide to no longer booth rent you must notify the Board in writing. Before you can booth rent at another location you must file a new booth rental application.

I _____ certify that I have read all laws governing barbering, cosmetology, and esthetics and the administrative rules of the Board and my booth is in compliance with all of them including city or town requirements. I understand it is up to me to check with my city or town prior to my opening to make sure I am in compliance with all requirements. I further state that I will repay the fee if I am not at the shop when the Board inspector arrives to conduct the inspection or if my booth is not in compliance.

Signature _____

Date _____

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**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
QUESTIONNAIRE FOR APPLICANTS AND LICENSEES**

This questionnaire must be completed using blue or black ink, signed, and sent to the NH Board of Barbering, Cosmetology, and Esthetics at the above address with your application for licensure or renewal. (If additional space is required for explanation, use other side.)

1. Have you ever been convicted of any felony or misdemeanor, **other than a traffic violation**, which has not been annulled by a court? (Circle one) **YES NO**

If yes, Before the Board can review your file for approval they must have the following documents: You must obtain from the Court(s) a copy of the court charge(s), conviction(s), penalties imposed, and provide a statement from you relative to the charge(s). If you are currently on probation/parole you must provide all the above plus the following: Your probation/parole officers name, mailing address, and telephone number if applicable; you must obtain a letter from your probation/parole officer stating you are in compliance with your probation/parole. If you were on probation/parole and have completed all requirements, we need a letter indicating you have met all requirements and are no longer on probation/parole.

If you have already submitted the above to the Board in a prior application, and the Board approved the conviction(s), you must state the conviction, the date of the conviction, and the date the Board approved this conviction:

2. Are you addicted to the use of alcohol or other habit-forming drugs to a degree rendering you unfit to practice under RSA 313-A (Circle one) **YES NO If yes, explain:**
3. Have you been determined by a court to be mentally incompetent or do you have, or have you been told by health practitioner or mental health practitioner that you have, a physical or a mental condition that impairs your ability to practice the profession for which you are seeking licensing under RSA 313-A? (Circle one) **YES NO If yes, explain:**

I hereby certify that the statements made in this application are true and accurate. I have not withheld information that is requested. I am aware that a false, dishonest or misleading answer may be grounds for 1) denial of this application; 2) disciplinary action against my license; and further that 3) false statements are punishable by law.

Applicant Signature: _____

Applicant Name (Please Print): _____

Current Mailing Address: _____

Telephone _____

Social Security No. _____

(optional)

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**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
INSPECTION INFORMATION**

Below is a list of items the inspector will be checking for at your initial inspection:

Material Safety Data Sheets on all products which come in direct contact with the client

Mechanical ventilation or an air purifier which processes 35 cubic feet per minute

EPA Registered Disinfectant with bactericidal, virucidal, and fungicidal properties

First aid supplies which includes: disposable gloves, antiseptic, applicators, and sterilized bandages

Your personal barber, cosmetology, manicuring, or esthetics license posted in a conspicuous place and valid