BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
SHOP APPLICATION

YOU MUST ENCLOSE THE FOLLOWING:
1. Questionnaire for Applicants and Licensees for owner and manager;
2. One Application fee of $60.00. Please make check or money order payable to: Treasurer, State of New Hampshire;
3. Certificate of Occupancy;
4. If this is a change of owner, you must provide proof of ownership (bill of sale).

You cannot operate until an inspection has occurred and you have been approved for licensure. Please be aware it may take up to two weeks to receive an inspection appointment.

If you are going to offer tanning you must register as a Tanning Facility. You can obtain the application on our web page at www.oplc.nh.gov/cosmetology under the Documents and Forms tab. Please refer to the Administrative Rules Bar 302.02 through Bar 302.07 for information on shop requirements.

NEW SHOP: _____ CHANGE OF OWNER:_____ RELOCATION:____
ARE YOU A CURRENT BOOTH RENTER: YES___ NO___ IF YES, ARE YOU GOING TO KEEP THIS BOOTH RENTAL: YES____ NO____

IF RELOCATION, SPECIFY OLD ADDRESS: ___________________________________________________

IF SHOP NAME CHANGES, SPECIFY OLD NAME: _____________________________________________

NAME OF SHOP: ____________________________________________________________

NAME OF SHOP OWNER: _______________________________________________________

(Mailing) ADDRESS OF SHOP: ___________________________________________________

(Physical) ADDRESS OF SHOP: _________________________________________________

SHOP PHONE #_____________ CELL PHONE #_____________ HOME PHONE #_____________

BIRTH MONTH OF SHOP OWNER: _____________ OWNERS PROF. LICENSE #____________

MANAGER NAME: _______________________________ MANAGER PROF. LICENSE #_______

MANAGER SIGNATURE: ___________________________ Date___________

SHOP OWNER SIGNATURE: ___________________________ Date___________
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 any other state requirements, and your city or town in which your shop is located.

The discharge of salon wastewater to a septic system is regulated by the Department of Environmental Services (DES) under the New Hampshire Code of Administrative Rules Env-Ws 1500, Groundwater Discharge Permit and Registration Rules. For additional information please contact Mitchell Locker at (603) 271-2858.

I __________________________ certify that I have read all laws governing barbering, cosmetology, manicuring and esthetics and the administrative rules of the Board and my shop is in compliance with all of them. I understand any violation of the rules or statute will result in fines assessed to my shop and possible disciplinary action by the Board. I will have the Certificate of Occupancy or a letter from the city/town that a Certificate of Occupancy is not required prior to my opening. I understand that my shop cannot open until the Certificate of Occupancy or letter has been received, and the Board’s inspector has given me approval. I further state that I will repay the fee if I am not at the shop when the inspector arrives to conduct the initial inspection or if my shop is not in compliance.

Signature___________________________

Date_______________________________
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)
BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
SHOP APPLICATION CHECKLIST

Dear Applicant:

The New Hampshire Board of Barbering, Cosmetology, and Esthetics request the following for a shop or booth rental license. Please ensure you have completed and included all the information requested below or your application will be denied and returned to you. **Please be aware it may take up to two weeks to receive an inspection appointment.**

- Application completed and signed
- If there are multiple owners a separate application for each owner must be completed with all necessary forms
- Questionnaire(s) for Applicants and Licensees for the owner and the manager if applicable
- If this is a change of owner, must provide proof of ownership (bill of sale)
- Application fee of $60.00 payable to “Treasurer State of New Hampshire”
- Certificate of Occupancy or a letter from the town stating you are in compliance with town requirements. If you do not have this to send with the application you must fax the Certificate of Occupancy to the Board office **before** the inspector can schedule an appointment for your initial shop inspection. The fax number is 603-271-3950.

Once the Board has received all the necessary information an inspector will contact you to set up an appointment. You cannot operate until an inspection has occurred and you have been approved for licensure. If you have any questions, please do not hesitate to contact the Board office at (603) 271-3608.
BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
INSPECTION INFORMATION

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

Clearly marked entrance

Hot and cold running water

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
Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. “upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question.”

   RSA 21:50, II - “Armed forces” means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. “Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire.”

Please place a check mark in all that apply below:

☐ I am eligible for consideration as defined in paragraph #1 above.

☐ I am not eligible for consideration as defined in paragraph #1 above.

☐ I am eligible for consideration as defined in paragraph #2 above.

☐ I am not eligible for consideration as defined in paragraph #2 above.