

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
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.nh.gov/cosmet 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 # _____

EMAIL ADDRESS (Optional): _____

BIRTH MONTH OF SHOP OWNER: _____ OWNERS PROF. LICENSE # _____

MANAGER NAME: _____ MANAGER PROF. LICENSE # _____

MANAGER SIGNATURE: _____ Date _____

SHOP OWNER SIGNATURE: _____ Date _____

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SHOP APPLICATION**

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 _____

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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
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.

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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:

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