



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Barbering, Cosmetology and Esthetics
7 Eagle Square, Concord, NH 03301-2412
Phone: 603-271-2152

BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
APPLICATION FOR SHOP LICENSE

YOU MUST ENCLOSE THE FOLLOWING:

1. Questionnaire for Applicants and Licensees for applicant and manager (if applicable).
2. Application fee of. Please make check or money order payable to: Treasurer, State of New Hampshire.

SHOP INFORMATION

NAME OF SHOP: _____

ADDRESS OF SHOP: _____

PHONE NUMBER (optional): _____

OWNER INFORMATION

NAME OF SHOP OWNER: _____

ADDRESS OF SHOP OWNER: _____

SOCIAL SECURITY #: _____ PHONE NUMBER (optional): _____

EMAIL ADDRESS (optional; board notices will be sent via email only):

SHOP OWNER PERSONAL LICENSE # (if applicable): _____

SHOP OWNER SIGNATURE: _____ Date _____

MANAGER INFORMATION (IF APPLICABLE)

NAME OF SHOP MANAGER: _____

ADDRESS OF SHOP MANAGER: _____

SOCIAL SECURITY #: _____ PHONE NUMBER (optional): _____

EMAIL ADDRESS (optional; board notices will be sent via email only):

SHOP MANAGER PERSONAL LICENSE # (if applicable): _____

SHOP MANAGER SIGNATURE: _____ Date _____