

State of New Hampshire



**Board of Barbering, Cosmetology, and Esthetics
2 Industrial Park Drive
Concord NH 03301
271-3608**

YOU MUST ENCLOSE THE FOLLOWING:

- A letter notarized written by someone on your behalf proving one-year work experience;
- Questionnaire;
- Application fee of \$50.00 for each booth license checked below. Make check or money order payable to: Treasurer, State of New Hampshire;

APPLICATION FOR REGISTRATION AS A BOOTH RENTER:
(CHECK THE NECESSARY LICENSURES)

COSMETOLOGY BARBER MANICURING ESTHETICS

INITIAL BOOTH:_____ RELOCATION OF BOOTH:_____

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

NAME OF SHOP: _____

NAME OF BOOTH RENTER: _____

HOME MAILING ADDRESS OF BOOTH RENTER: _____

(Physical) ADDRESS OF SHOP: _____

TELEPHONE OF SHOP:_____ CELL PHONE # _____ HOME PHONE # _____

BOOTH RENTERS SSN:_____ BOOTH RENTERS PERSONAL LICENSE # _____

BOOTH RENTERS SIGNATURE: _____ Date _____

**BOTH PAGES MUST BE COMPLETED
State of New Hampshire**

**Board of Barbering, Cosmetology, and Esthetics
2 Industrial Park Drive
Concord NH 03301
271-3608**

PLEASE FILL OUT BOTH PAGES

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.

I _____ certify that I have read all laws governing barbering, cosmetology, and esthetics and the administrative rules of the Board. I believe my booth is in compliance with all of them, and I am in compliance with all 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 inspector arrives to conduct the inspection or if my booth is not in compliance.

Signature _____

Date _____

NH STATE BOARD OF BARBERING,
COSMETOLOGY, AND ESTHETICS
2 INDUSTRIAL PARK DRIVE
CONCORD NH 03301
603 271-3608 Phone
603 271-8889 Fax

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. The NH Board of Barbering, Cosmetology, and Esthetics will issue no application, license, renewal, or work permit without this form being completed. (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); and

If you are currently on probation you must provide all the above plus the following: You must provide your probation officers name, mailing address, and telephone number if applicable; and You must obtain a letter from your probation officer stating you are in compliance with your probation. 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 or 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. _____