

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;
- Self-Inspection form;
- Questionnaire for owner and manager;
- Application fee of \$50.00 for each shop license checked below. Make check or money order payable to: Treasurer, State of New Hampshire;
- If this is a change of owner, you must provide proof of ownership.

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 or call the office and we will mail you one.

APPLICATION FOR REGISTRATION OF: (CHECK THE NECESSARY LICENSURES)
() COSMETOLOGY SHOP () BARBER SHOP () MANICURING SHOP () ESTHETICS SHOP

NEW SHOP: ___ CHANGE OF OWNER: ___ RELOCATION: ___ TO DUAL LICENSE: ___

ARE YOU A CURRENT BOOTH RENTER: YES ___ NO ___ IF YES, ARE YOU GOING TO KEEP THIS BOOTH RENTAL: YES ___ NO ___

IF RELOCATION OLD ADDRESS: _____

IF SHOP NAME CHANGES OLD NAME: _____

NAME OF SHOP: _____

NAME OF SHOP OWNER: _____

(Mailing) ADDRESS OF SHOP: _____

(Physical) ADDRESS OF SHOP: _____

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

SHOP OWNERS SSN: _____ SHOP OWNERS BIRTH MONTH _____

MANAGER NAME: _____ MANAGER/OR OWNER LICENSE # _____

MANAGER SIGNATURE: _____ Date _____

SHOP OWNER SIGNATURE: _____ Date _____

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 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, and esthetics and the administrative rules of the Board. I believe my shop to be in compliance with all of them. I will have the certificate of occupancy or a letter from the town stating I am in compliance and that a certificate 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 inspection or if my shop is not in compliance.

Signature _____

Date _____

PLEASE FILL OUT BOTH PAGES

THE SELF-INSPECTION FORM

Board of Barbering, Cosmetology, And Esthetics 2 Industrial Park Drive Concord NH 03301 Telephone (603) 271-3608	Office Use Only																																				
Board of Barbering, Cosmetology, and Esthetics Self-Inspection Report																																					
Name of Shop:	Name of Shop Owner:																																				
Physical Address of the Shop:																																					
City:	Zip Code:																																				
Shop Hours:	Telephone Number:																																				
Check list for Self-Inspection for Shop Establishment																																					
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<p>I understand the Board of Barbering, Cosmetology, and Esthetics will be advised that this establishment is ready for an on-site inspection to verify compliance with sanitation and establishment standards. I understand that any violation of the statute or rules may result in the issuance of a citation.</p>																																					
<p>All statements made in this self-inspection report are true to the best of my knowledge. I am aware that any false information given by me may be punishable by law, and/or grounds for disciplinary actions against my license.</p>																																					
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Shop Owner	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 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. _____

IF A CERTIFICATE OF OCCUPANCY IS NOT ISSUED BY THE TOWN OR CITY
YOU MUST HAVE THIS FORM COMPLETED.

BUILDING REGULATIONS

_____ I hereby certify that _____ complies with all applicable building,
(Name of Shop)
zoning, and fire regulations in _____.
(City/Town)

_____ I hereby certify that there are no building regulations or adopted fire codes in
_____.
(City/Town)

_____ I hereby certify that _____ is not required to have a certificate of
(Name of Shop)
occupancy issued by the town _____.
(City/Town)

DATE: _____ SIGNATURE: _____
(Name & Title of Building Inspector)

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.

_____ Application completed and signed. (Front and Back)

_____ If there are multiple owners separate application for each owner must be completed with all necessary forms.

_____ A letter notarized written by someone on your behalf proving one year work experience (Owner or Manager/Booth renter) Not necessary for relocation.

_____ Self-Inspection form; (Shop Application only)

_____ Questionnaire for owner, and/or manager;

_____ If this is a change of owner, must provide proof of ownership;

_____ Application fee of \$50.00 for each type of license checked;

_____ Certificate of Occupancy or a letter from the town stating you are in compliance **(If you do not have this to send with the application you must have prior to your inspection or the inspector can not come and do the opening until you receive the CO)**

Once the Board has received all the necessary information an inspector will contact you to set up an appointment. Please make sure you file all the necessary paperwork at least two weeks in advance. 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 office.

Enclosure

Rev. 12/08