

STATE OF MAINE

BARBERING AND COSMETOLOGY

Application for Establishment or Booth License



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

Office of Licensing and Registration

Board of Barbering and Cosmetology

35 State House Station

Augusta, ME 04333

Telephone: (207) 624-8632

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APPLICATION FOR ESTABLISHMENT OR BOOTH LICENSE

Attached is information and application form to apply for an establishment or booth license. Please refer to the Maine State Barbering and Cosmetology Licensing Laws and Rules for more information when completing your application.

Pursuant to 32, M.R.S.A. Section 14224, A person, firm or corporation may not provide services in, operate or cause to be operated a shop where cosmetology, barbering, manicuring or aesthetics is practiced unless that shop has been duly licensed by the board. A license issued pursuant to this subsection authorizes the operation of the establishment *only at the location for which the license is issued*. Operation of the establishment at any other location is unlawful unless license for the new location has been obtained in compliance with this current law and rules.

A person, firm or corporation leasing/renting space within a licensed establishment to operate an independent business must apply for a Booth license. A Booth license is subject to license fees and compliance with applicable rules to operate an independent business in the same manner as the licensed establishment.

The Maine State Board of Barbering and Cosmetology does not regulate the employee/employer relationship between booth renters and establishment owners for tax purposes. If you have any questions regarding this relationship, please call the IRS at 1-800-829-3676.

HOW TO APPLY FOR AN ESTABLISHMENT LICENSE

1. Complete and submit the **Application for Establishment** with the following information:
 - a. Fee of \$100.00. (This fee covers a \$75.00 application fee and \$25.00 initial license fee.) Checks should be made payable to the **Treasurer, State of Maine**.
 - b. Directions to your establishment. Make directions as clear as possible noting any identifying signs landmarks or structures that will assist in locating your establishments.
 - c. Floor plan of your establishment. Mark entrances, exits, purpose of each room or area, and location of the required public rest room. **Reminder: all establishments must have a utility sink or shampoo bowl in addition to the sink that is in the restroom.**
 - d. Electrical Approval. If any new or additional electrical installation is required, a licensed electrician must complete the installation. Once the electrical installation is complete, the master electrician must obtain a signed approval from your local code enforcement officer or, if your town does not have one, from a state electrical inspector. Establishments that apply for a change of ownership are not required to submit documentation of compliance if the existing establishment does not have any electrical work or renovations done and the initial inspection was done within 5 years from the change of ownership. *Questions about electrical installations should be directed to your electrical contractor.*

- e. Plumbing Approval. A plumbing permit must be obtained from your city or town office. Questions regarding plumbing installations should be directed to the local plumbing inspector in your city or town. Upon completion of the plumbing installation, your local plumbing inspector must inspect and approve the plumbing. Once approved, the plumbing inspector will authorize the installation to be in compliance with the Maine Plumbing Code and must sign the plumbing permit where indicated. You must have this signed document available at the time that the barbering and cosmetology inspectors conduct the inspection of your shop.
- f. If you have a private water supply, it must be tested prior to the licensure of your establishment. The water report must be presented to the inspector at the time of inspection. Private sewage systems shall meet the standards set by the Department of Human Services.

Please pay particular attention to Chapter 3 of the Board rules. Chapter 3 will provide you with substantial information in setting up your business, sanitary and safety compliance requirements. Inspections conducted by the inspectors track the provisions of Chapter 3.

Once our office has received your completed application, an inspection will be scheduled and you will be notified by telephone. We request at least two weeks advance notice to schedule inspections. Every effort is made to schedule inspections as quickly as possible. Inspections will not be conducted or passed unless the premise is complete and ready for operation. This means that your *physical construction is completed, equipment is in place and operational, and you have adequate tools, implements and supplies on hand*. An establishment that may require a special inspection, such as a follow up inspection due to the establishment not being complete or all the appropriate approvals not available at the time of the agreed scheduled inspection, may be assessed a separate inspection fee.

This agency can not be held responsible for advanced bookings of clientele and/or advertisements placed. Your establishment can not open for business until it has been inspected and approved for licensure by this office.

HOW TO APPLY FOR <u>A BOOTH LICENSE</u>
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1. Complete and submit the **Application for Booth License** with the following information:
 - a. Fee of \$60.00 made payable to the **Treasurer, State of Maine**. (The \$60.00 fee covers a \$35.00 application fee and \$25.00 initial license fee.)
 - b. Directions to the shop where you are renting space. Make directions as clear as possible noting any identifying signs landmarks or structures that will assist in locating your establishments.
 - c. Floor plan. Please provide a floor plan of the shop where you will be operating your business and note specifically the space in the shop that you will be renting to operate your booth. Mark entrances, exits, purpose of each room or area, and location of the required public rest room.

Upon receipt of the completed application, an inspector will determine if an inspection is required. If an inspection is required, you will be notified by telephone as to the date of that inspection. If the booth does not need an inspection, your license will be issued and sent to you.

You may begin working as a booth renter only once your application for a booth license is approved. Your license will arrive in approximately two weeks. Your booth license, as well as your license to practice must be conspicuously displayed.

Although any individual may apply for a booth license, only licensed persons may work in that booth. A booth license is another business inside a licensed establishment and is not controlled by the owner of the establishment. A person holding a trainee or temporary work permit license must have direct supervision at all times when practicing. Because a booth license is considered a separate business within another business, a trainee or person on a temporary work permit who owns a booth may not work independently and therefore may not operate a booth without employing a licensed person to supervise them.

Since Booths are independent from the licensed establishment, they are solely responsible for the licensing of their booth and personal licenses as well as complying with all safety and sanitation rules identified in Chapter 3 of the Board's rules.



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Maine State Board of Barbering & Cosmetology
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035
 TELEPHONE: (207) 624-8632
 TTY/HEARING IMPAIRED: (207) 624-8563
 FAX: (207) 624-8637

ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

Application for Booth License

FEE: \$60.00 (Includes \$35.00 application fee and \$25 license fee) Make check payable to **Treasurer, State of Maine**. If paying by credit card, please submit the enclosed authorization form with your application.

FOR OFFICE USE ONLY ↓ → 1422-\$25.00/1446-\$35.00 CN- Approved by: _____ Date: _____	Date Scheduled for Inspection: Contact and date: <input type="checkbox"/> Inspection not needed – Last Date of ES Inspection: EB- Affiliate to: ES;
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Check type of Booth License you are applying for: Do you hold a current license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? (check all that apply) Cosmetologist: Lic# _____ Expires _____ Barber: Lic# _____ Expires _____ Manicurist: Lic# _____ Expires _____ Aesthetician: Lic# _____ Expires _____	<input type="checkbox"/> New (Initial) <input type="checkbox"/> Second Booth <input type="checkbox"/> Change of Location: (List previous Booth license number and address below: License #: Address: If you have another booth or shop license, do you want to discontinue that booth or shop license? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please indicate by writing the shop name and booth or shop number below:
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LICENSEE INFORMATION

FULL NAME OF BOOTH OWNER:	Last	First	MI
Social Security Number: OR Federal Identification Number(FEIN):	SS#		
	FEIN #		
DATE OF BIRTH: →			

DATE YOU WISH TO OPEN FOR BUSINESS: <i>(Reminder, you may not provide any services until an inspection has been conducted, if necessary and you are approved for licensure.)</i>	In the event that inspection may need to be done, what date will you be ready?
	What date do you want an Inspection?

ESTABLISHMENT INFORMATION

<i>Owner of Establishment where Booth will be located:</i> →	Last	First	MI
<i>Name of Establishment where booth will be:</i> →			
<i>Physical Location of Establishment:</i> →	Street		
	City/State		
	Zip		
<i>Mailing Address Establishment:</i> →	Street		
	City/State		
	Zip		
<i>License Number of Establishment:</i> →			
<i>Exp. Date:</i> →			
<i>Establishment Telephone #:</i> →			

CHANGE OF BOOTH LOCATION

If you are relocating your booth to another location, this section must be completed.

Please, provide the following information relating to your pervious location

<i>Owner of Establishment where your Booth was located:</i> →	Last	First	MI
<i>Name of Establishment where your Booth was located:</i> →			
<i>Physical Location of the Establishment where your Booth was located:</i> →	Street		
	City/State		
	Zip		

<i>Mailing Address of the Establishment where your Booth was located:</i> →	Street
	City/State
	Zip
<i>License Number of the Establishment where your Booth was located:</i> → →	License #
	Expiration Date

ENDORSEMENT FOR BOOTH APPLICATION

This application must be signed by both the Booth Renter and the Establishment Owner.

By filing this application with the Board of Barbering and Cosmetology, I understand that a booth license is a license obtained by an individual to run an independent business within a licensed establishment. I understand that a booth renter is not an employee of the licensed establishment, and that I am an independently operated business and am subject to all requirements governed by the Board of Barbering and Cosmetology, and any other governing state or federal agency.

Signature of Booth Renter

Date

I, the owner of the establishment that this booth is located in, understand that the person renting this booth is an independently operated business and is not under my employ. I do not control the daily operations of the booth, and I have a written or verbal contract with the individual regarding the rental agreement.
(check box which applies)

Signature of Establishment Owner

Date

All applications and required documentation must be completed in full and submitted to our office before an inspection will be scheduled. Applications that are missing information or supporting documentation will be returned.

Please submit your application as early as possible to allow adequate time for your Booth Approval. You may not operate your booth until this office has approved you. If an inspection is required, you will be notified and scheduled for an inspection. Inspections may take up to two weeks to be approved. We are not responsible for advanced bookings.

DISCLOSURE STATEMENT

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. §405(C)(2)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall all be treated as confidential tax information pursuant to 36 MRSA §191.



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Application for Establishment License

FEE: \$100.00 (Includes \$75.00 application fee and \$25.00 license fee) Made payable to **Treasurer, State of Maine**. If paying by credit card, please submit the enclosed authorization form with your application.

<p>FOR OFFICE USE ONLY ↓ → 1422-\$25.00/1446-\$75.00 CN- Approved by: _____ Date: _____</p>	<p>Date Scheduled for Inspection: Contact and date:</p> <p><input type="checkbox"/> Inspection not needed – Last Date of ES Inspection: ES- _____</p>
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<p>What services will be offered in your Establishment: Check one or all that apply.</p> <p><input type="checkbox"/> Cosmetology <input type="checkbox"/> Barbering <input type="checkbox"/> Manicuring <input type="checkbox"/> Aesthetics</p>	<p style="text-align: right;">✓ Check</p> <p><input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership (List all owners below where noted) <input type="checkbox"/> Corporation (Corporate Name & Fed. ID#) <input type="checkbox"/> Change of Ownership- Complete <u>Section 2</u> <input type="checkbox"/> Change of Location – Complete <u>Section 1</u></p>
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Do you hold a license to practice? Yes No, If yes, what type? (**check all that apply**)

Cosmetologist: Lic# _____ Expires _____

Barber: Lic# _____ Expires _____

Manicurist: Lic# _____ Expires _____

Aesthetician: Lic# _____ Expires _____

LICENSEE INFORMATION

FULL NAME OF SHOP OWNER(S) OR CORPORATION NAME: →	Last	First	MI
Social Security Number: → OR Federal Identification Number(FEIN):	SS#		
DATE OF BIRTH: →	FEIN #		

DATE YOU WISH TO OPEN FOR BUSINESS: <i>(Reminder, you may not provide any services until an inspection has been conducted, if necessary and you are approved for licensure.)</i>	In the event that inspection may need to be done, what date will you be ready?
	What date do you want an Inspection?
	Expected date the establishment will ready for inspection:

TO APPLY FOR AN ESTABLISHMENT LICENSE – COMPLETE THE FOLLOWING

Owner(s) of Establishment: → 1 → 2 → 3	Last	First	MI
	SS#	Date of Birth	
	Last	First	MI
	SS#	Date of Birth	
	Last	First	MI
	SS#	Date of Birth	
Name of Establishment: →			
Physical Location of Establishment: →	Street		
	City/State		
	Zip		
Mailing Address Establishment: →	Street		
	City/State		
	Zip		
Business located in: →	<input type="checkbox"/> Professional Building <input type="checkbox"/> Personal Residence <input type="checkbox"/> Mall <input type="checkbox"/> Other(describe)		
Establishment Telephone #: →			
If you have another booth or shop license, do you want to discontinue that booth or shop license?	<input type="checkbox"/> NO <input type="checkbox"/> YES, If yes list the address or license number:		

ENDORSEMENT OF ESTABLISHMENT APPLICATION

Signature of Establishment Owner(s)

Date

All applications and required documentation must be completed in full and submitted to our office before an inspection will be scheduled. Applications that are missing information or supporting documentation will be returned. Inspections may take up to two weeks to be scheduled for inspection. Please submit your application as early as possible to allow adequate time for your inspection. You may not operate your establishment until an inspection has been made and this office has authorized approval. We are not responsible for advanced bookings.

Please submit the enclosed form for directions and floor plan with this application.

Section 1 - CHANGE OF ESTABLISHMENT LOCATION (Complete if Applicable)

If you are relocating your establishment to another location, this section must be completed.

Former Establishment Location: _____

License Number of Former Establishment

Expiration Date

Section 2 - CHANGE OF OWNERSHIP (Complete if Applicable)

If you are purchasing an existing establishment, this section must be completed.

Former Owner of Establishment: _____

License Number of Former Establishment

Expiration Date

Date Change of Ownership Took Place: _____

If Dissolvement of Partnership other than death or divorce, the party being removed must sign below or send a verifiable letter that s/he is no longer a partner of this license.

Signature

Date

NOTE: Pursuant to 32 MRSA §14224(2-B) you have 30 days from the date that a change of ownership took place to apply for a new establishment license.

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BOARD OF BARBERING & COSMETOLOGY

(This form must be completed and submitted with your application)

Directions to Establishment

Give directions to your establishment from Augusta:

Make directions as clear as possible, noting any identifying signs, landmarks or structures that will assist in locating your business.

Floor Plan of Establishment

Please provide a floor plan of your establishment. Make note of entrances, exits, purpose for each room or area and location of the public restroom. **Reminder:** The establishment must have a utility sink or shampoo bowl, in addition to the sink in the restroom. **Applicant for a Booth license** should identify the space where his/her booth will be located.

CONTACT PERSON:

TELEPHONE NUMBER:





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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____