APPLICATION FOR REINSTATEMENT OF A SALON/SHOP
GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS
237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440
www.sos.ga.gov/plb/cosmetology

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Cosmetology/Hair Design/Nail Technology/Esthetics/Master Barber/Barber II in the State of Georgia.

***** IMPORTANT *****

The Board CANNOT process incomplete applications. If ANY item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year. Furthermore, because application information is time sensitive, documents cannot be transferred from an old application to a new application.

REINSTATEMENT APPLICATION CHECKLIST

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application. We recommend you keep a copy of your application for your records.

- ☐ **NON-REFUNDABLE FEE: $300.00:** The payment must be made by check or money order payable to the Georgia State Board of Cosmetology and Barbers. DO NOT SEND CASH OR COUNTER CHECKS. Checks returned for insufficient funds are subject to a $30.00 service charge pursuant to O.C.G.A.§16-9-20. **NOTE: Change of Ownership requires a new application and Bill of Sale/Lease (location, address and signature pages ONLY – you do not need to submit the entire document) to be submitted along with the required fees.**

- ☐ **NOTARIZED APPLICATION**: **NOTARIZED APPLICATION & AFFIDAVIT:** The complete application must be mailed to the Board's office at the address listed above, along with your **FEE.** Each owner must sign a *separate* affidavit in the presence of a notary.

- ☐ **ANSWER ALL QUESTIONS:** All questions must be answered. Applicants who must answer "**Yes"** to the arrest/conviction question must submit a **certified** copy of the final court disposition with a letter of explanation, as well as a letter from probation/parole officer with a current status of probation or stating the case has been closed. Applicants who answer "Yes" to the sanction/disciplinary questions must provide a **certified** copy of the agency order showing the action taken by the other state licensing board. **Approval of licensure is at the Board's discretion.**

- ☐ **NAME OF ESTABLISHMENT:** The name of the salon/shop **must** include the word **"salon"** or **"shop" in the name.**

- ☐ **PROOF OF CONTINUING EDUCATION:** Please submit a certificate of completion of a Board approved Continuing Education course covering health, sanitation, and safety, as required by Board Rule 240-12-.01. (If multiple owners, only one owner will need to complete this requirement.)

- ☐ **SECURE AND VERIFIABLE DOCUMENT (SVD) – Enclosed is a copy of my Driver's License, Passport,** or other document **OR a copy of my current immigration document(s)** which includes either my Alien number or I-94 number and SEVIS number if needed. **Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 issued August 1, 2011 by the Office of the Attorney General, Georgia:**

The list of secure and verifiable documents, published under the authority of The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") on the Department of Law's website pursuant to O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: http://sos.ga.gov/admin/files/svd2013.pdf

- ❑ **SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE – – DO NOT STAPLE** pages or check/money order. Do not fold pages of the application. Make check/money order payable to Georgia State Board of Cosmetology and Barbers submit to 237 Coliseum Drive, Macon, GA 31217. We recommend using US Mail or private courier (UPS, FedEx, etc.) with tracking. Keep a copy of your application for your records.

APPLICATION FOR SALON/SHOP REINSTATEMENT

PLEASE READ THE INSTRUCTIONS AND BECOME FAMILIAR WITH THE LAWS AND RULES GOVERNING THE PRACTICE OF COSMETOLOGY AND BARBERING IN THE STATE OF GEORGIA. VISIT THE FOLLOWING SITE FOR INFORMATION: http://sos.ga.gov/plb/comsetology .

- Please be aware that a salon/shop license is NOT the same as a business license. **Please contact the city or county in which you are establishing your salon/shop to obtain a business license.**

- In order to open a salon/shop you must have the actual license issued by the Georgia Board of Cosmetology and Barbers and the registration must be displayed in a conspicuous place in the salon/shop. A copy of the application and proof of payment sent will not be viewed as an acceptable substitute for a salon/shop license. Licenses may be printed from the Board website.

- **Salon/Shop Change of Name or Address** requires a change of name and/or address application be submitted to the Board office with the required fees. **Change of Ownership** requires a new application be submitted to the Board office with the required fees and issuance of a new license number. **YOU MUST INCLUDE A COPY OF YOUR BILL OF SALE/LEASE.** Business names of salon/shop shall include the word salon or shop and shall not contain terms which would mislead the public as to the operation of the cosmetology or barber establishment.

- The Board does not license booths within a salon/shop or a kiosk as a salon/shop. A state nursing home is not required to have a salon/shop license issued by the Board. Services may be performed by a registered cosmetologist, master barber, or barber II in a client's residence, a nursing home, an assisted living community, a personal care home, a hospital, or similar facilities when the client for reasons of ill health, infirmity, or other physical disability is unable to go to the licensed beauty shop, salon, or barber shop for regular barbering or cosmetologist services.

- **Processing Time:** Please allow at least 25 business days for processing of applications.

- **Citizenship/Qualified Alien Status:** *All owners* must complete and submit a *separate* **Owner Affidavit** and submit a current **Secure and Verifiable Document(s)** such as driver's license, passport, or document as indicated. If not a U.S. citizen, please attach a copy of your current immigration document(s) which includes either your Alien number or 1-94 number and SEVIS number if needed.

- **Information Regarding Apprentices in Salon/Shop:** Any individual planning to apprentice in a salon/shop must be licensed as an apprentice. Each master cosmetologist, hair designer, nail technician, esthetician, or master barber must have held a license for at least 36 months (18 months for barber). If the master trainer or salon/shop for an apprentice changes, a new apprentice application and processing fees must be submitted to the Board office. See Board Rules for further information on apprentice requirements.

DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION.

GEORGIA STATE BOARD *of*
COSMETOLOGY AND BARBERS
237 Coliseum Drive • Macon, GA 31217
Phone (478) 207-2440
www.sos.ga.gov/plb/cosmetology

Date Entered _____
Receipt # _____
Submitted $ _____

Date Issued

APPLICATION FOR REINSTATEMENT OF A SALON/SHOP

$300.00 Application Fee (Application Fees are non-refundable)

(Check Only ONE):

☐ **Cosmetology Salon** ☐ **Nail Salon**

☐ **Esthetician Salon** ☐ **Barber Shop**

Name of Salon/Shop:

_____

The name of the business facility **must include the word SALON or SHOP**.

Salon/Shop License Number (attach a copy of license if available**):** _____

*** Federal Employee Identification Number or Salon/Shop Owner's Social Security Number:**

_____

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 AND O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 101.

MAILING ADDRESS – This is the address where the Owner will receive mail from the Board:

_____
P.O. Box OR Number and Street Apt. No. City/State Zip Code

STREET ADDRESS WHERE SALON/SHOP IS LOCATED – This address is assigned to your license:

_____
(NO P.O. Box) Number and STREET NAME **Suite Number** **Studio Number** City/State Zip Code

If you are granted a license, your name, address and license number becomes public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices and application processing.

TELEPHONE

_____-_____-_____ _____-_____-_____ _____-_____-_____
Shop Telephone Number Cell Telephone Number Evening Phone Number

EMAIL _____
E-Mail Address (please print clearly)

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any email address change. Your email address will not be shared with any third party.

OWNER INFORMATION PAGE (Complete for each owner of the salon/shop)

Owner 1 _____
(PLEASE PRINT) First Middle Last

Personal Address _____
P.O. Box not acceptable- Number and Street Apt. No. City/State Zip

Mailing Address _____
(if different) Number and Street Apt. No. City/State Zip

Social Security Number _____-_____-_____

If you hold a license issued by the Professional Licensing Boards, what is the license number(s)?

_____

Do you own another salon(s) or shop(s)? _____ Yes _____ No

If so, what is the name of the salon(s) and the license number(s)?

_____

Do you plan to continue operating this salon(s) or shop(s) that was previously licensed?___Yes ___No

****

Owner 2_____
(PLEASE PRINT) First Middle Last

Personal Address _____
P.O. Box not acceptable- Number and Street Apt. No. City/State Zip

Mailing Address _____
(if different) Number and Street Apt. No. City/State Zip

Social Security Number _____-_____-_____

If you hold a license issued by the Professional Licensing Boards, what is the license number(s)?

_____

Do you own another salon(s) or shop(s)? _____ Yes _____ No

If so, what is the name of the salon(s) and the license number(s)?

_____

Do you plan to continue operating this salon(s) or shop(s) that was previously licensed?___Yes ___No

NOTE: If additional owner pages are needed, copy this page and attach to the application.

ALL APPLICANTS MUST ANSWER THE BELOW QUESTIONS:

☐ Yes ☐No 1. Is this salon/shop located in a residence/home?

☐ Yes ☐No 2. Is this salon/shop located in a flea market?

☐ Yes ☐No 3. Have *all owners* completed page 2 of this application titled "Owner Information Page" and have *all owners* completed a *separate* page 4 of this application titled "Owner Affidavit"?

☐ Yes ☐No 4. Have the owner(s) completed a Board approved 3 hour continuing education course covering health, sanitation, and safety as required by Board Rule 240-12-01? If you answered **NO**, we cannot process your application. (If multiple owners, only one owner is required to complete this requirement.) A certificate of completion is required to be submitted.

☐ Yes ☐No 5. **Have the owner(s) *ever* been *arrested* or *convicted*** of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding or verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s).

NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If you answered "Yes" to the question regarding arrest/court convictions, you must submit the following to the Board:

(a) Submit a letter of explanation and certified copy of final court disposition from the county(s) in which you were arrested/convicted. The court document should include the charges and sentencing information.

(b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed, submit certified documents from the courts verifying case closed and completion of probation / parole

Has <u>any other</u> licensing board or agency in Georgia or <u>any other</u> state ever:

☐ Yes ☐No 6.(a) Denied an owner(s) application for licensure, renewal, or reinstatement?

☐ Yes ☐No (b) Revoked, suspended, restricted, sanctioned, or probated an owner(s) license?

☐ Yes ☐No (c) Requested or accepted surrender of an owner(s) license?

☐ Yes ☐No (d) Reprimanded, fined, or disciplined an owner(s)?

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board. Provide the name of the agency or board in the space provided:

_____ _____

Owner's Name Name of State Board or Agency

_____ _____

Salon/Shop Name **Owner Name(s)**

NOTARIZED SIGNATRE BY SALON/SHOP OWNER

OWNER AFFIDAVIT

(Each Owner Must Submit a Separate Affidavit)

Salon/Shop Name: _____

Owner Name:_____

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Cosmetology and Barbers and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate (Check or initial beside #1 or #2 below):

1) _____ **I am a United States citizen at least 18 years of age or older. You must submit a copy of your current photo ID or Secure and Verifiable Document(s) such as driver's license, passport, or other document.**

2) _____ **I am not a United States citizen**, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is at least 18 years of age or older and has enclosed at least one form of acceptable identification such as a Secure and Verifiable Document as required by O.C.G.A. § 50-36-1(e)(1), with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

_____
Print Name of Applicant

_____
Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____DAY OF_____, 20_____

_____
NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:

O.C.G.A. §45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL