



State of Maine

BARBERING & COSMETOLOGY PROGRAM

Application and applicant information to assist in completing your application

REINSTATEMENT BOOTH APPLICATION

**Do not return the following informational pages with your
application; it is for your information only**

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579 or Main Receptionist (207) 624-8603
TTY/Hearing Impaired 1-888-577-6690
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: barbercosm.lic@maine.gov

APPLICATION INSTRUCTIONS BOOTH LICENSE REINSTATEMENT

****Fax submissions of applications and supporting documentation will not be accepted.**

Enclosed in this packet of information is all the material you will need to register for reinstatement of a Booth license with the Maine Barbering & Cosmetology Program. Please refer to the Program Law and Rules for more information when completing your application.

Pursuant to Title 32, Chapter 126, §14235 "A license may be renewed up to 90 days after the date of its expiration upon payment of a late fee as set under section 14238 in addition to the renewal fee. Any person who submits an application for renewal more than 90 days after the license expiration date is subject to all requirements governing new applicants under this chapter, including a late fee, renewal fee and additional late fee as set under section 14238, except that the program, after giving due consideration to the protection of the public, may waive requirements.

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 Barbering and Cosmetology Program 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 1-800-829-4933.

PROCEDURES TO APPLY FOR A BOOTH LICENSE

Complete and submit the **Application for Booth License** with the following information:

- Appropriate Fee
- Directions to the establishment where you are renting space. Make directions as clear as possible noting any identifying signs landmarks or structures that will assist in locating your establishment.
- 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.
- Complete checklist

Upon receipt of the completed application, your application will be reviewed. 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.

The State inspector will determine if an inspection is required for your booth location. In an inspection is required, your shop/ booth will be formally inspected within 90 days from your license issue date.

Although any individual may apply for a booth license, only a licensed person 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 time 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.

INITIALS OF APPLICANT

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

If there is a change in location and/or ownership of the establishment, you must reapply for a new booth license. The booth license issued to you is only valid for the current location and current shop owner(s). Any change in location or ownership of an establishment requires a new booth application to be filed with the Program.

INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED. Be sure to initial the bottom of each page where noted on your application. All pages requiring initials must be returned to our office as part of your complete application.

The Barbering & Cosmetology Program requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:

- ✓ Please do not call our office regarding the status of your application as numerous calls will delay the timeliness of processing applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online with an "active" status. Licenses are printed off site and require at least 14 days for delivery.

INITIALS OF APPLICANT

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: 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 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). 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 be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMPANY APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME OF APPLICANT			
APPLICANT'S FEIN OR SSN			
MAILING ADDRESS OF ESTABLISHMENT WHERE BOOTH IS LOCATED			
CITY	STATE	ZIP	COUNTY
PHYSICAL ADDRESS OF ESTABLISHMENT WHERE BOOTH IS LOCATED			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

**Barbering and Cosmetology Program
BOOTH LICENSE REINSTATEMENT
Required Fee: \$275.00**

(includes license, application and late fees)

FOR LICENSES THAT HAVE LAPSED MORE THAN 91 DAYS FROM THE EXPIRATION DATE.

Booth License # _____ (EB1427) Exp Date: _____ Go online for information on your license # and expiration date www.maine.gov/professionallicensing	<i>Office Use Only:</i> EB 1427 - \$50.00 1446 - \$75.00 2090 - \$150.00	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____
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PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
SIGNATURE		DATE	

SECTION 1: LICENSEE INFORMATION

Do you hold a current Maine license?

Yes No

Type of License(s) held (complete all that apply)

Aesthetician License # _____ Expires: _____

Barber License # _____ Expires: _____

Limited Barber License # _____ Expires: _____

Cosmetologist License # _____ Expires: _____

Nail Technician License # _____ Expires: _____

SECTION 2: BOOTH INFORMATION

Reminder: You may not provide services until your application has been reviewed by the program and the status is active. You may check the status of your license online at www.maine.gov/professionallicensing.

Type of Booth Applying for

Reinstatement

If you have another booth or shop license do you want to discontinue that booth or shop license?

Yes No

License #:

Previous physical address of shop or booth for change in location.

Physical address of booth for change in shop ownership.

For change in shop ownership list previous booth license number.

License #:

Date you will be ready to open for business and be prepared for an inspection: _____

Name of Owner of the Establishment where booth is located.

Phone Number:

Name of Establishment:

License Number of Establishment:

Expiration Date:

Physical Address of Establishment:

City

State

Zip Code

Phone Number:

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SECTION 3: DIRECTIONS TO ESTABLISHMENT/ FLOOR PLAN

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 where his/her booth will be located.

CONTACT PERSON:

TELEPHONE NUMBER:

INITIALS OF APPLICANT

SECTION 4: SELF INSPECTION CHECKLIST FOR NEW BOOTHS

Your booth must comply with all items marked on this list as well as any other rules pertaining to booths licensed by the program. It is recommended that you read chapter 3 of the program rules to ensure that your booth meets all requirements.

By checking each box on this form, you are verifying that your booth has met each requirement.

GENERAL RULES

- Valid licenses, registrations and permits are conspicuously displayed for public view and inspection in the booth.
- The name of the licensee, license number and expiration date is visible at all times.

EQUIPMENT

- One cabinet for storing clean towels
 - Adequate supply of clean towels
 - Dry sanitizing agent in cabinet
 - Cabinet must close completely
- One cabinet or adequate shelving for storing supplies
- Container for soiled towels.
- Covered waste receptacle.
- One wet sanitizer unit of adequate size with appropriate sanitizing agent
 - Wet sanitizers shall contain suitable chemical germicide solution, which shall be bacteriological effective. The solution must be changed regularly. (Booths using all disposable tools, implements, applicators, etc are not required to provide wet sanitizers)
- Sufficient tools and implements necessary for services being rendered.
- Adequate and appropriate chairs for services being provided.

BLOOD BORNE FLUID CONTAMINATION

- Booth has a sealable plastic bag for disposal of material being exposed to blood and/or body fluids.
- Booth has a puncture proof container for disposable sharp objects that come in contact with blood or other body fluids. The container is strong enough to protect the licensee, client and others from accidental cuts or puncture wounds that could happen during the disposal process.

By initialing this check list, I verify that I have read all of the Maine Barbering & Cosmetology Program Laws and Rules, including Chapter 3 which describes the safety and sanitation requirements to open and operate a shop. I affirm that the items checked on this list have been installed and completed and that all requirements for opening my booth have been met. This list is not inclusive and not intended to circumvent following established laws and rules. I understand the Maine Barbering & Cosmetology Program will rely upon this information for issuance of my license and that sanctions may be imposed including suspension and revocation of my license if the information being reported is found to be false.

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⇒ Checklist must be initialed in order to process this application.

SECTION 5: NOTICES

10 Day Notification Requirement

This applicant/licensee must report in writing to the Program the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Program.

Notice Regarding Public Information

This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State’s website.

Notice Regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 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 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). 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 be treated as confidential tax information pursuant to 36 MRS §191.

Change in Location and/or Ownership of Establishment

If there is a change in location and/or ownership of the establishment, a new application must be submitted to the Program. The booth license issued to you is only valid for the current location and current shop owner as listed on the application. Any change in location or ownership of establishment requires a new application to be filed with the Program.

SECTION 6: THE FOLLOWING SECTION TO BE COMPLETED BY THE BOOTH OWNER

<p>Have you or has any corporate officers, owners, or the designated officer of this entity been convicted of any criminal offense (including motor vehicle criminal offenses)? If yes:</p> <ol style="list-style-type: none"> 1. Provide a detailed explanation in the offender’s own words on a separate sheet of paper. 2. Attach a copy of the <u>Court Judgment and Decision</u>. 3. If a motor vehicle criminal offense, attach a copy of a recent motor vehicle report. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has any state or territory of the U.S., province/territory of Canada, or any other jurisdiction EVER denied your application for any type of examination, professional license, certificate or registration, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)? If yes:</p> <ol style="list-style-type: none"> 1. List the jurisdiction(s) that denied your license or issued discipline and date of action: State/Jurisdiction _____ Date _____ State/Jurisdiction _____ Date _____ 2. Submit a copy of the consent agreement or decision and order for each of the above. 3. Provide a detailed explanation in your own words on a separate sheet of paper. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SECTION 7: ENDORSEMENT FOR BOOTH APPLICATION

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

Read the statement below and sign where indicated as your certification of the information provided on this application.

By filing this application with the Barbering and Cosmetology Program, 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 Barbering and Cosmetology Program, and any other governing state or federal agency.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Barbering & Cosmetology Program will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	
Signature of Applicant	Date

I, the owner of the establishment attest that this booth is located in the licensed establishment stated in this application and I 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 (check which applies) a written or verbal contract with the individual regarding the rental agreement.

Printed Name of Establishment Owner	
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 incomplete, altered, defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing supporting documents, and/or missing or wrong fee.

Please submit your application as early as possible to allow adequate time for approval. You may not operate your booth until this office has approved you. You may check the status of your license online at www.maine.gov/professionallicensing.