



State of Maine

BARBERING & COSMETOLOGY PROGRAM

Application and applicant information to assist in completing your application

SCHOOL RENEWAL 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 NEW SCHOOL

THE FOLLOWING IS THE APPLICATION PROCEDURE:

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

Complete the application for license and submit to the Maine Program along with the required fees.

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.

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 SCHOOL			
FEIN OR SSN			
PHYSICAL ADDRESS OF SCHOOL			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS OF SCHOOL			
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 OF SCHOOL OFFICIAL	DATE
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**Barbering and Cosmetology Program
RENEWAL OF SCHOOL LICENSE
Required Fee: \$500.00**

License #: _____

Office Use Only:
SH/SHB/SCR
1427 - \$500.00

Office Use Only:
Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date _____
Exp. Date _____

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>
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I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my VISA MASTERCARD the following amount: \$ _____

Card number: XXXX-XXXX-XXXX-XXXX	Expiration Date mm / yyyy
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SIGNATURE	DATE
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SECTION 1: OWNERSHIP - Please check one and complete the appropriate block below.

- Sole Proprietor (*complete section A*)
- Partnership (*complete section B*)
- Corporation (*complete section C*)

Section A - Sole Proprietor

Owner Name			Social Security Number/FEIN #	
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>		
Mailing Address of School		City	State	Zip Code
Physical Address of School		City	State	Zip Code
Telephone Number	Fax Number		Email Address	
()	()			

Section B - Partnership

Owner Name		% Owned	Social Security Number	
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>		
Owner Name			Social Security Number	
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>		
Owner Name			Social Security Number	
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>		
Mailing Address of School		City	State	Zip Code
Physical Address of School		City	State	Zip Code
Telephone Number	Fax Number			
()	()			
Email Address	FEIN #			

INITIALS OF APPLICANT

SECTION 1: (CONTINUED) OWNERSHIP

Section C - Corporation			
Corporate Name		Federal Tax ID Number	
Alias d/b/a		Name of registered agent	
Mailing Address of School		City	State
Physical Address of School		City	State
Telephone Number	Fax Number	Email Address	
()	()		
Website Address			
Corporate Registration Certificate #	Issued under what jurisdiction	Date	

SECTION 2: MANAGER / DIRECTOR CONTACT INFORMATION

Name of Manager / Director			Title
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
Telephone Number		Email Address	
()			

SECTION 3: GENERAL CONTACT INFORMATION FOR SCHOOL

Primary Phone #	Fax #	Email Address
()	()	
Website Address		

SECTION 4: COURSE OFFERING

Courses offered to students (check all that apply)	
Specific information must include the curriculum for each course taught at your institution, in addition to clock hours and curriculum for any other courses that you may offer.	
<input type="checkbox"/> Aesthetics – 600 clock hours	<input type="checkbox"/> Cosmetology - 1500 clock hours
<input type="checkbox"/> Barbering – 1500 clock hours	<input type="checkbox"/> Nail Technology – 200 clock hours
<input type="checkbox"/> Limited Barbering – 800 clock hours	<input type="checkbox"/> Instructors - 1000 clock hours

INITIALS OF APPLICANT

SECTION 5: SCHOOL HOURS

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

SECTION 6: INSTRUCTIONAL STAFF

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

INITIALS OF APPLICANT

SECTION 6 (CONTINUED): INSTRUCTIONAL STAFF

Staff Name		Teaching Assignment	
Background experience			
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
Background experience			
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
Background experience			
License Number	Expiration	Date of Employment	

INITIALS OF APPLICANT

SECTION 7: FACILITY INSPECTIONS

- Documented evidence that the school meets applicable Maine and local fire safety standards. Documentation should include copies of current permits and certificates indicating compliance.

SECTION 8: BOND / FINANCIAL / INSURANCE INFORMATION

A. Bond

- Evidence shall be submitted to indicate that the school has a valid surety bond as required by law.

B. Financial Information

- A financial statement that meets the requirement for financial information and insurance as listed in 32 MRS §14246(2).

C. Liability Insurance

- A copy of the school’s current insurance policy which meets the requirements set in rule.
- Professional liability insurance
- Public liability insurance

SECTION 9: SPECIFIC INFORMATION

A. School Catalog/Brochure

- Submit a copy of the current school catalog/brochure.

B. Student Handbook

- Submit a copy of the current student handbook.

SECTION 10: THE FOLLOWING SECTION TO BE COMPLETED BY THE SCHOOL 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 <u>detailed explanation</u> 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): 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

INITIALS OF APPLICANT

SECTION 11: 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.

SECTION 12: ENDORSEMENT FOR NEW SCHOOL APPLICATION

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

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	Title
Signature of Applicant	Date