



State of Maine

BARBERING & COSMETOLOGY LICENSING

Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

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 users call Maine relay 711
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing

Email: barbercosm.lic@maine.gov

APPLICATION INSTRUCTIONS

BOOTH LICENSE

****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 obtain a Booth license with the Maine Barbering & Cosmetology Program. Please refer to the Program Law and Rules for more information when completing your application.

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 laws and 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 or Maine Revenue Services at 1-207-624-9620.

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 the establishment.
- Floor plan. Please provide a floor plan of the establishment where you will be operating your business and note specifically the space in the establishment where you will 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 license will be reviewed. You may begin working as a booth renter at the specified location 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 Compliance Inspector will determine if an inspection is required for your booth location. If an inspection is required, your 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 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 with a temporary license 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 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 establishment 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:

- ✓ Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete and a letter is being sent to you, the letter will be available for you to see online.
- ✓ Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process 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 business 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 TTY users call Maine relay 711 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. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(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 be treated as confidential tax information pursuant to 36 MRS §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 BOOTH RENTER			
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 Licensing
BOOTH LICENSE
Required Fee: \$20.00 (Non-Refundable)**

Office Use Only: EB 1421 - \$20.00	<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: \$ _____	
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
SIGNATURE		DATE	

SECTION 1: LICENSEE INFORMATION

Do you hold a current Maine license to practice aesthetics, barbering, limited barbering, cosmetology, or nail technology?

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

New (First) Second Booth Change of Location Change of Shop Ownership

If you have another booth or establishment license and there is a change in location, do you want to discontinue that booth or shop license?

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

Yes No

License #:

For change in establishment ownership list previous booth license number.

Physical address of booth for change in establishment ownership.

License #:

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

Name of Owner(s) of the Establishment where new booth is located.

Name of Establishment:

License Number of Establishment:

Expiration Date:

Physical Address of Establishment:

City

State

Zip Code

Phone Number:

INITIALS OF APPLICANT

SECTION 3: DIRECTIONS TO ESTABLISHMENT/ FLOOR PLAN

Give directions to your establishment from Augusta, ME:

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 the establishment. Make note of entrances, exits, purpose for each room or area and location of the public restroom. **Applicant for a Booth license** should identify where his/her booth will be located.

SECTION 4: NOTICES

10 Day Notification Requirement

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

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 establishment 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 5: SELF INSPECTION CHECKLIST FOR 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 is in compliance with the requirements set forth in the Barber and Cosmetology Rules Chapter 3.

Checklist must be initialed in order to process this application.

GENERAL RULES

- Valid licenses 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 an establishment and/or booth. 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.

INITIALS OF APPLICANT

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

<p>Have you or has any owner; corporate officer; or the designated officer of this booth 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 signed 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.	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<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 signed explanation in your own words on a separate sheet of paper.	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SECTION 7: LAWS AND RULES

Maine Barbering and Cosmetology Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html>

Access to all relevant laws and rules are accessible from this web page.

Title 10 Department of Business Regulation Law §§8001-8009

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

Office of Professional and Occupational Regulation Rules 02 041

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at www.maine.gov/professionallicensing. Please visit the website (s) listed to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

_____ INITIALS OF APPLICANT

SECTION 8: ENDORSEMENT FOR BOOTH APPLICATION

This application must be signed by both the Booth Renter

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

Applications that are incomplete, altered (including use of any white out), 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 required supporting documents, and/or missing or wrong fee.

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 Barbering & Cosmetology Licensing 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
	

SECTION 9: OWNER ATTESTMENT

This section must be signed by the Establishment Owner.

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 my employee.

I understand that I do not control the daily operations of the booth, and I have a **(check which applies)**

written or **verbal contract with the individual regarding the rental agreement**

Printed Name of Establishment Owner	
Signature of Establishment Owner	Date
	