



# State of Maine

## BARBERING & COSMETOLOGY PROGRAM

### Applicant information to assist in completing your application

#### 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 Licensing and Registration  
(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](http://www.maine.gov/professionallicensing)  
Email: [barbercosm.lic@maine.gov](mailto: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 register for an 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 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 establishments.
- 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 license will be issued. 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 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.

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 fro 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. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review.

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 in any way will not be accepted.

**PROCESSING TIME:**

- ✓ Please allow approximately three (3) weeks processing time from date of receipt.
- ✓ 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 Licensing and Registration's website [www.maine.gov/professionallicensing](http://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.

### 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](http://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.

### 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 Licensing and Registration 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

#### 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 LICENSING AND REGISTRATION  
COMPANY APPLICATION**

<b>APPLICANT INFORMATION (please print)</b>			
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 Licensing and Registration 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.			
<b>SIGNATURE</b>		<b>DATE</b>	

**Barbering and Cosmetology Program  
BOOTH LICENSE  
Required Fee: \$125.00  
(includes application and license fees)**

<p align="center"><b>Office Use Only:</b></p> <p>EB 1421 - \$50.00 1446 - \$75.00</p>	<p align="center"><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____</p>
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<b>PAYMENT OPTIONS:</b>			
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 Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>		<b>DATE</b>	

**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: \_\_\_\_\_

Cosmetologist License # \_\_\_\_\_ Expires: \_\_\_\_\_

Manicurist 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](http://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 shop license and there is a change in location, do you want to discontinue that booth or shop license?

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

 Yes       No

License #:

For change in shop ownership list previous booth license number.

Physical address of booth for change in shop ownership.

License #:

**Date you will be ready to open for business and be prepared for an inspection: \_\_\_\_\_**Name of Owner of the Establishment where new 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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INITIALS OF APPLICANT

**SECTION 3: 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 indicted, arrested or convicted of any criminal offense (including motor vehicle criminal offenses)? If yes:</p> <ol style="list-style-type: none"> <li>1. Provide a <u>detailed explanation</u> in the offender's own words on a separate sheet of paper.</li> <li>2. Attach a copy of the <u>Court Judgment and Decision</u>.</li> <li>3. If a motor vehicle criminal offense, attach a copy of a recent motor vehicle report.</li> </ol>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<p>Has <u>this entity</u> (i.e. your business) ever been notified in any state or territory of the U.S., province/territory of Canada or any other jurisdiction (i.e. licensing board/program), of the existence of allegations, filed with or by that jurisdiction, which were not dismissed by a finding of that jurisdiction that the allegations were without merit? (Note: Accusations which remain open as of the date of this application and which are not confidential by law require a <b>YES</b> response and explanation.) If yes:</p> <ol style="list-style-type: none"> <li>1. List the jurisdiction(s):            State/Jurisdiction _____ Date _____            State/Jurisdiction _____ Date _____</li> </ol> <p>Provide a detailed explanation in your own words on a separate sheet of paper.</p>	<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"> <li>1. List the jurisdiction(s) that denied your license or issued discipline and date of action:            State/Jurisdiction _____ Date _____            State/Jurisdiction _____ Date _____</li> <li>2. Submit a copy of the consent agreement or decision and order for each of the above.</li> <li>3. Provide a detailed explanation in your own words on a separate sheet of paper.</li> </ol>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<p>If this business is incorporated has any <u>corporate officers</u> or anyone listed on this application as having an ownership interest in this entity ever been disciplined by a professional society? If yes:</p> <ol style="list-style-type: none"> <li>1. Name of the professional society or organization and date of action.             Name _____            Address _____            Date of Action _____</li> <li>2. Submit a copy of the official action taken.</li> <li>3. Provide a detailed explanation in your own words on a separate sheet of paper.</li> </ol>	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> <del>No</del> Non-Owner
<p>If this business is incorporated has any <u>corporate officers</u> or anyone listed on this application as having an ownership interest in this entity ever been notified by any state or territory of the U.S., province/territory of Canada, or any other jurisdiction of the existence of allegations, filed with or by that jurisdiction, against which were not dismissed by a finding of that jurisdiction that the allegations were without merit? (Note: Accusations which remain open as of the date of this application and which are not confidential by law require a <b>YES</b> response and explanation.) If yes, explain on a separate piece of paper.</p> <ol style="list-style-type: none"> <li>1. List the Jurisdiction(s):            State/Jurisdiction _____ Date _____            State/Jurisdiction _____ Date _____</li> </ol> <p>Provide a detailed explanation in your own words on a separate sheet of paper.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> <del>No</del> Non-Owner

INITIALS OF APPLICANT \_\_\_\_\_

**SECTION 4: 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.

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**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 5: 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.**

\_\_\_\_\_  
INITIALS OF APPLICANT

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

## **SECTION 6: 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.

INITIALS OF APPLICANT

**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](http://www.maine.gov/professionallicensing).