



# State of Maine

## BARBERING & COSMETOLOGY PROGRAM

### Applicant information to assist in completing your application

#### ESTABLISHMENT 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 ESTABLISHMENT 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 Establishment license with the Maine Barbering & Cosmetology Program. Please refer to the Program Law and Rules for more information when completing your application.

Also enclosed is a self-inspection checklist. This checklist will be used to assist us in determining that your shop meets the requirements to become licensed.

The self-inspection checklist program is not intended to circumvent compliance with the Program's Laws and Rules. This process is intended to ensure that shops meet the minimum requirements and open for business more quickly.

## PROCEDURES TO APPLY FOR AN ESTABLISHMENT LICENSE

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

- Appropriate Fee
- Directions to the establishment. 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. Mark entrances, exits, purpose of each room or area, and location of the required public rest room.
- Complete checklist

**The following documentation must be submitted with your original application for licensure. Failure to omit any information requested will result in the return of your application and subsequently delay the opening of your shop.**

- Plumbing permit, which includes the local plumbing inspector's signature of approval. Even if no plumbing work was done, we need a statement from a licensed plumber stating the existing plumbing meets the current plumbing code.
- Electrical permit or written statement from the licensed electrician that the work completed was in compliance with the national electrical code if no permit was required. Even if no electrical work was done, we need a statement from a licensed electrician stating the existing electrical meets the current electrical code.
- Satisfactory water test for private water sources only.

Upon receipt of the completed application, your license will be issued. You may open for business only once your application for an establishment license is approved. Your license will arrive in approximately two weeks. Your establishment license, as well as your license to practice must be conspicuously displayed.

The State inspector will formally inspect your establishment within 90 days from your license issue date.

**If there is a change in location and/or ownership of the establishment, you must reapply for a new establishment license. The establishment license issued is only valid for the current location and current shop owner. Any change in location or ownership of establishment requires a new 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

### 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  |              |             |        |
| BUSINESS FEIN OR SSN  |              |             |        |
| PHYSICAL ADDRESS OF ESTABLISHMENT   |              |             |        |
| CITY  | STATE        | ZIP         | COUNTY |
| MAILING ADDRESS OF ESTABLISHMENT  |              |             |        |
| 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

### ESTABLISHMENT LICENSE

**Required Fee: \$125.00**

(includes license and application fees)

|                         |
|-------------------------|
| <b>Office Use Only:</b> |
| ES 1421 - \$50.00       |
| 1446 - \$75.00          |

|                         |       |
|-------------------------|-------|
| <i>Office Use Only:</i> |       |
| 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> |
| 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:   | XXXX-XXXX-XXXX-XXXX                 | Expiration Date                | mm / yyyy   |
| <b>SIGNATURE</b>   |                                     | <b>DATE</b>                    |             |

**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 |          |
| <i>FIRST</i>                      | <i>MIDDLE INITIAL</i> | <i>LAST</i> |                        |          |
| Mailing Address of Establishment  |                       | City        | State                  | Zip Code |
|                                   |                       |             |                        |          |
| Physical Address of Establishment |                       | City        | State                  | Zip Code |
|                                   |                       |             |                        |          |
| Telephone Number                  | Fax Number            |             | Email Address          |          |
| ( )                               | ( )                   |             |                        |          |

**Section B -Partnership**

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

**Section C - Corporation**

|                                   |            |      |                       |          |
|-----------------------------------|------------|------|-----------------------|----------|
| Corporate Name                    |            |      | Federal Tax ID Number |          |
|                                   |            |      |                       |          |
| Mailing Address of Establishment  |            | City | State                 | Zip Code |
|                                   |            |      |                       |          |
| Physical Address of Establishment |            | City | State                 | Zip Code |
|                                   |            |      |                       |          |
| Telephone Number                  | Fax Number |      | Email Address         |          |
| ( )                               | ( )        |      |                       |          |

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INITIALS OF APPLICANT

**SECTION 2: ESTABLISHMENT INFORMATION**

|   |   |  |
|---|---|--|
| Establishment Name  |   |  |
|   |   |  |
| Services offered at this establishment (check all that apply)   |   |  |
| <input type="checkbox"/> Aesthetics   | <input type="checkbox"/> Barbering          | <input type="checkbox"/> Cosmetology <input type="checkbox"/> Manicuring |
| Business Located in (check one)   |   |  |
| <input type="checkbox"/> Professional Building  | <input type="checkbox"/> Personal Residence | <input type="checkbox"/> Mall <input type="checkbox"/> Other (describe)  |
| <b>(Reminder, you may not conduct business or provide any 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 <a href="http://www.maine.gov/professionallicensing">www.maine.gov/professionallicensing</a>)</b> |   |  |
| Date you will be ready to open for business and be prepared for an inspection   |   |  |
|   |   |  |
| <b>Hours of Operation</b>   | <b>Open</b>                                 | <b>Closed</b>  |
| Monday  |   |  |
| Tuesday   |   |  |
| Wednesday   |   |  |
| Thursday  |   |  |
| Friday  |   |  |
| Saturday  |   |  |
| Sunday  |   |  |

**SECTION 3: CHANGE OF LOCATION / OWNERSHIP INFORMATION / DISSOLVE PARTNERSHIP**

- Location Change *(complete section A)*
- Ownership Change *(complete section B)*

|  |                       |                        |      |
|--|-----------------------|------------------------|------|
| <b>Section A – Location Change</b>   |                       |                        |      |
| Former Location  | City                  | State                  | Zip  |
|  |                       |                        |      |
| License Number   |                       | Expiration             |      |
|  |                       |                        |      |
| <b>Section B – Ownership Change</b>  |                       |                        |      |
| Former Owner’s Name  |                       | Date change took place |      |
| <i>FIRST</i>   | <i>MIDDLE INITIAL</i> | <i>LAST</i>            |      |
| License Number   |                       | Expiration             |      |
|  |                       |                        |      |
| <b>Section C – Dissolved Partnership</b> (If you are dissolving a partnership other than death or divorce, the party being removed must sign this application or send a verifiable letter that they are no longer a partner of this license) |                       |                        |      |
| Name of Former Owner   |                       |                        |      |
|  |                       |                        |      |
| Signature of Former Owner  |                       |                        | Date |
|  |                       |                        |      |

INITIALS OF APPLICANT

**SECTION 4: THE FOLLOWING SECTION TO BE COMPLETED BY THE ESTABLISHMENT 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)?<br/>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<br><br><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):<br/>           State/Jurisdiction _____ Date _____<br/>           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<br><br><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:<br/>           State/Jurisdiction _____ Date _____<br/>           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<br><br><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.<br/><br/>           Name _____<br/>           Address _____<br/>           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<br><br><input type="checkbox"/> No<br><br><input type="checkbox"/> <del>No</del><br>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):<br/>           State/Jurisdiction _____ Date _____<br/>           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<br><br><input type="checkbox"/> No<br><br><input type="checkbox"/> <del>No</del><br>Owner |

INITIALS OF APPLICANT

**SECTION 5: 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.

**CONTACT PERSON:**

**TELEPHONE NUMBER:**

INITIALS OF APPLICANT

## **SECTION 6: SELF INSPECTION CHECKLIST FOR NEW ESTABLISHMENTS**

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

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

### **GENERAL RULES**

- Valid licenses, registrations and permits are conspicuously displayed for public view and inspection in the establishment.
- The name of the licensee, license number and expiration date is visible at all times.
- There is a separate entrance directly into the shop from a public access area. Accessing the shop from any living area of a residence is prohibited.
- The entrance to the shop is clearly marked.
- The shop is adequately ventilated at all times.
- No other business is conducted in the shop unless separated by a full-length partition. (This includes massage therapy, electrology, tanning, or any other related business not licensed by this program.)

### **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. Establishments 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.
- Utility sink (in addition to the restroom sink) or shampoo bowl with hot and cold running water under pressure connected to sewerage disposal. All shampoo bowls must be equipped with an approved back flow prevention device.

INITIALS OF APPLICANT

## **SECTION 6 (CONTINUED): SELF INSPECTION CHECKLIST FOR NEW ESTABLISHMENTS**

### **RESTROOM FACILITIES**

- The restroom must be in or directly adjacent to the establishment. If the establishment is in a commercial building and there is a public restroom for all business in that building, that will be acceptable. However, this restroom must be kept clean and have all requirements for restrooms as described below. If the establishment is in a residence or home, you can not enter any part of your living quarters to access the restroom. The restroom must be directly connected to the establishment.
- All restrooms must provide a flush-operated toilet and sink with hot and cold running water.
- Restrooms not used for storage.
- Restroom is adequately ventilated. If there are no windows capable of being opened, adequate mechanical ventilation must be provided.
- A suitable holder for sanitary paper towels or workable hot air blower. The use of cloth towels is prohibited.
- Adequate supply of hand soap and soap dispenser. The use of bar soap is prohibited.
- A covered waste container.
- A conspicuously displayed sign is posted. "Notice to all employees - please wash hands after using the restroom"

### **WATER, PLUMBING AND ELECTRICAL REQUIREMENTS**

- The establishment must provide an adequate supply of hot and cold water as may be necessary to conduct business.
- An approved testing agent must test private water supplies for bacteria and coliform within 6 months of application for licensure.
- All plumbing must be in compliance with the Maine Plumbing Code administered by the Plumbers Examiner Board. Documentation certifying compliance by the city or town plumbing inspector is in my possession. A copy is attached to my application.  
**NOTE:** All cities and towns have a local plumbing inspector. Your licensed plumber should take out a plumbing permit before doing your plumbing. The city or town will issue a plumbing permit for your location. Upon completion of the work, the local inspector must come to your location and approve the work that was done. Once done correctly, they will sign the permit again verifying that the plumbing was installed correctly. This fully executed permit must be submitted with your application for establishment.
- All electrical installations must be in compliance with the current edition of the National Electrical Code. Documentation certifying compliance by city or state electrical inspectors is required. A copy is attached to my application.

INITIALS OF APPLICANT

## **SECTION 6 (CONTINUED): SELF INSPECTION CHECKLIST FOR NEW ESTABLISHMENTS**

### **SANITATION**

- Floors shall be of such construction as to be easily cleaned and be kept in good repair. The use of carpeting under styling chairs and in the restroom facility is prohibited and a non porous hard flooring surface shall be provided.

### **BLOOD BORNE FLUID CONTAMINATION**

- Establishment has a sealable plastic bag for disposal of material being exposed to blood and/or body fluids.
- Establishment 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 establishment 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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INITIALS OF APPLICANT

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

## **SECTION 7: 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 establishment 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 8: ENDORSEMENT FOR ESTABLISHMENT 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 |      |
|                           |      |
| Signature of Applicant    | Date |
|                           |      |

|                           |      |
|---------------------------|------|
| Printed Name of Applicant |      |
|                           |      |
| Signature of Applicant    | Date |
|                           |      |

|                           |      |
|---------------------------|------|
| Printed Name of Applicant |      |
|                           |      |
| Signature of Applicant    | 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 your Establishment Approval. You may not operate your establishment 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).