



# State of Maine

## BARBERING & COSMETOLOGY LICENSING PROGRAM

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

### **LEVEL 1 ESTABLISHMENT APPLICATION**

NEW LICENSE, CHANGE OF OWNERSHIP, OR  
DISSOLVED PARTNERSHIP

Do not return the following informational pages with your  
application; they are 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  
TTY users call Maine relay 711  
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)

#### **FAQ's**

Have a question? Please visit our list of Frequently Asked Questions.

#### **Can I come to Gardiner to drop off my application?**

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address  
35 State House Station, Augusta, ME 04333.

## **APPLICATION INSTRUCTIONS LEVEL 1 ESTABLISHMENT LICENSE**

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program. **The following must be submitted with this application:**

1. Fee;
2. A scaled floor plan of the Level 1 Establishment that demonstrates the overall purpose of the space and each room, including entrances, exits, dispensaries, shampoo sinks, utility sinks, work stations and public restroom facilities. The floor plan must also include any leased space (Level 2 Establishment) location(s). If the Level 1 Establishment is part of a commercial building, please include an additional scaled drawing and floor plan of the entire premises showing the relative position of the establishment area and the location of all entrances, exits, bathrooms, and storage areas.

### **CORPORATION OR LLC:**

You must submit a certificate of existence from the state of origin. For corporations not organized under Maine law, a certificate of authority from the Maine Secretary of State is required. For assistance, please call the Maine Secretary of State at (207) 624-7752.

### **Change of Location**

If there is a change of physical location of a Level 1 Establishment the owner must notify the office within 10 calendar days. Report the change of physical location by completing a change of location reporting form, which is available online at <http://www.maine.gov/pfr/professionallicensing/professions/barbers/forms.html>

The level 1 Establishment license issued is only valid for the current location and current Level 1 Establishment owner.

The change of location reporting form will be reviewed, and a new license will be issued and sent to you via email.

## **IMPORTANT INFORMATION REGARDING YOUR LICENSE:**

**The Office no longer prints licenses.** Your license will be sent to you at the email address you provide to us on your application. The license will arrive to your email box under this email address: **noreply@maine.gov**. The attachment with this email is your license where you may open it and print your license. A paper license will not be sent to you, your license is the document attached to the noreply@maine.gov email.

## **IMPORTANT TO RETAIN FOR FUTURE RENEWALS:**

The noreply@maine.gov email with your license **will contain the password that is required to renew your license online when the time comes**. **Do not lose your password.** You may also update your contact information and email address on our website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing) using your password. Please remember, that if you change your email address at any time, you must by law, update your email address online within 10 days of the change. Failing to maintain a current email will jeopardize any notices sent to you by this Office.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder may be sent to you by email, which is the opening period you may begin to renew your license. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner or to practice without a valid license in violation of laws.

## **PROCESSING TIME:**

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing) to monitor your application's progress in real time. If the status appears as "PENDING", this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE". If your application is incomplete a letter will be mailed to you.

**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.**

## **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 at:

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

## **LAWS AND RULES:**

**Disclosure:** On your application you will be required to attest that you have obtain, read and will abide by all Barbering and Cosmetology Licensing laws and related rules.

This Office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available electronically online at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing) and as noted below. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

### ***Maine Barbering and Cosmetology Laws and Rules***

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

All relevant laws and rules are accessible from this web page, including those mentioned below.

### ***Title 5, Chapter 341 Administrative Occupational License Disqualification on Basis of Criminal Record***

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

### ***Title 10, Chapter 901, §§8001-8011 Department of Professional and Financial Regulation***

<http://legislature.maine.gov/statutes/10/title10ch901sec0.html>

### ***02 041 Office of Professional and Occupational Regulation Rules***

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

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals



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

<b>APPLICANT INFORMATION (please print)</b>			
FULL LEGAL NAME OF APPLICANT (If LLC or Corporation, list that name here)			
LEVEL 1 ESTABLISHMENT NAME (Doing Business As)		BUSINESS FEIN OR SSN	
PHYSICAL ADDRESS OF LEVEL 1 ESTABLISHMENT			
CITY	STATE	ZIP	COUNTY
APPLICANT MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
APPLICANT PHONE # (    )		FAX # (    )	APPLICANT E-MAIL (Your license will be emailed)

Barbering and Cosmetology Licensing Program  
**LEVEL 1 ESTABLISHMENT LICENSE**  
Required Fee: \$20.00 (Non-Refundable)

**YOU MUST CHECK ONE OF THE FOLLOWING LICENSE TYPES  
THAT APPLIES TO YOUR NEW LEVEL 1 ESTABLISHMENT**

- ☐ New License
- ☐ Change of Ownership (See section 3(A))
- ☐ Dissolved Partnership (See section 3(B))

*Office Use Only:*

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_

ES - \$20.00

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print) <i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>			
MAILING ADDRESS OF CARDHOLDER (please print)			
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 <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS    The following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:		Expiration Date <i>mm / yyyy</i>	
<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) -if your partnership consist of 2 corporations or more, you must submit a list of officers.
- ☐ **Corporation** (complete section C) You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.
- ☐ **Limited Liability Company** (complete section D) You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.

<b>Section A - Sole Proprietor</b>			
Owner name		Social security number	
Contact address	City	State	Zip code
Telephone number	Fax number	Email address	
(    )	(    )		

<b>Section B - Partnership:</b> List the name and address of each partner			
<b>PARTNERSHIP INFORMATION:</b>			
Name of partnership			
Contact address	City	State	Zip code
Telephone number	FEIN number		
(    )			
E-mail address			

**NAME AND CONTACT INFORMATION OF EACH PARTNER**  
**SECTION 1: OWNERSHIP (CONTINUED)**

**Section B - Partnership (CONTINUED)**

<b>Person last name</b>	<b>First name</b>	<b>Middle name</b>	
<b>Contact address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>E-mail address</b>		<b>Telephone number</b>	
		(      )	

<b>Person last name</b>	<b>First name</b>	<b>Middle name</b>	
<b>Contact address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>E-mail address</b>		<b>Telephone number</b>	
		(      )	

<b>Company name; if applicable</b>			<b>FEIN #</b>
<b>Contact address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>E-mail address</b>		<b>Telephone number</b>	
		(      )	

<b>Company name; if applicable</b>			<b>FEIN #</b>
<b>Contact address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>E-mail address</b>		<b>Telephone number</b>	
		(      )	

**SECTION 1: OWNERSHIP (CONTINUED)**

<b>Section C - Corporation Ownership</b>			
Name of corporation			
Assumed name (d/b/a)			
Name of parent company, if any			
FEIN #			
Contact address of corporation	City	State	Zip code
Physical address of corporation	City	State	Zip code
Telephone number		Fax number	
(      )			
E-mail address		Website address	
Name of corporate officer who will be representing the applicant in matters relating to licensure			
Corporate registration certificate number; If applicable	Issued under what jurisdiction	Date	
Contact address for corporate officer <i>If different from Corporation</i>	City	State	Zip code
Physical address for corporate officer <i>If different from Corporation</i>	City	State	Zip code
Telephone number	E-mail address		
(      )			



**Section C – Corporation Ownership (CONTINUED)**  
**SECTION 1: OWNERSHIP (CONTINUED)**

Is this corporation's stock traded on a major stock exchange and not over-the-counter  
YES ☐ NO ☐ If no, complete the section below—List the name and contact address  
of each shareholder owning 10% or more of the voting stock of the  
Corporation.

*(Duplicate page in same format if necessary)*

1. Last name	First name	Middle name	
Contact address	City	State	Zip code
E-mail address	Telephone number		
	( )		

2. Last name	First name	Middle name	
Contact address	City	State	Zip code
E-mail address	Telephone number		
	( )		

3. Last name	First name	Middle name	
Contact address	City	State	Zip code
E-mail address	Telephone number		
	( )		

4. Last name	First name	Middle name	
Contact address	City	State	Zip code
E-mail address	Telephone number		
	( )		

**SECTION 1: OWNERSHIP (CONTINUED)****Section C – Corporation Ownership (CONTINUED)****CORPORATE OFFICER(S) AND DIRECTOR***(Duplicate page in same format if necessary)*

1. Last name	First name	Middle name	
Title			
Contact address	City	State	Zip code

2. Last name	First name	Middle name	
Title			
Contact address	City	State	Zip code

3. Last name	First name	Middle name	
Title			
Contact address	City	State	Zip code

4. Last name	First name	Middle name	
Title			
Contact address	City	State	Zip code

**SECTION 1: OWNERSHIP (CONTINUED)**

<b><u>Section D - Limited Liability Company:</u></b>			
Name of Limited Liability Company			
Assumed name (d/b/a)			
Name of parent company, if any			
FEIN #			
Contact address of limited liability company	City	State	Zip code
Physical Address of limited liability company	City	State	Zip code
Telephone number		Fax number	
(      )			
E-mail address		Website address	
Name of corporate officer who will be representing the applicant in matters relating to licensure			
Corporate registration certificate number; If applicable	Issued under what jurisdiction	Date	
Contact address for corporate officer <i>If different from Corporation</i>	City	State	Zip code
Physical address for corporate officer <i>If different from Corporation</i>	City	State	Zip code
Telephone number		E-mail address	
(      )			

**SECTION 1: OWNERSHIP (CONTINUED)****Section D - Limited Liability Company:**

Please list the names and mailing addresses of each member and manager. You may copy this page if more space is needed.

1. Last name	First name	Middle name	
Address	City	State	Zip code
E-mail address		Telephone number	
		(      )	


2. Last name	First name	Middle name	
Address	City	State	Zip code
E-Mail address		Telephone number	
		(      )	

3. Last Name	First name	Middle name	
Address	City	State	Zip code
E-Mail address		Telephone number	
		(      )	

4. Last name	First name	Middle name	
Address	City	State	Zip code
E-Mail address		Telephone number	
		(      )	

## **SECTION 2: OWNERSHIP INFORMATION AND DISSOLVE PARTNERSHIP**

☐ Ownership Change (*complete section A*)      ☐ Dissolved Partnership (*complete section B*)

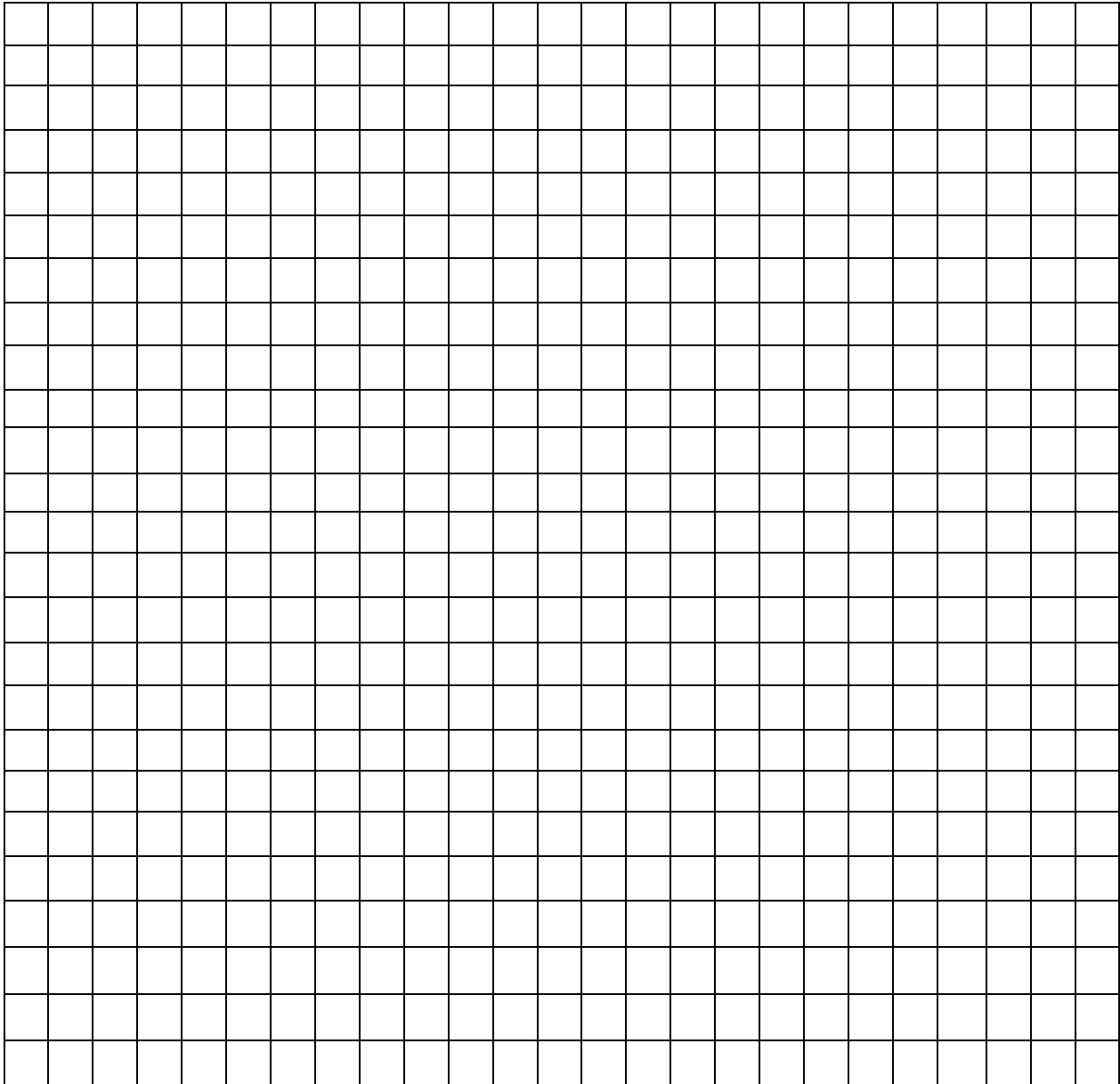
<b>Section A – Ownership Change</b>	
Former owner's name	Date change took place
License Number	Expiration
<b>Section B – Dissolved Partnership</b> (If you are dissolving a partnership other than death or divorce, the party being removed must sign this application or send a verifiable letter that they are no longer a partner of this license)	
Name of Former Owners	Date change took place
Signature of Former Owners	Date
	

## **SECTION 3: LEVEL 1 ESTABLISHMENT INFORMATION**

Services offered at this Level 1 establishment (check all that apply)
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Barber Hair Styling <input type="checkbox"/> Cosmetology <input type="checkbox"/> Hair Design <input type="checkbox"/> Nail Technology
Business located in (check one)
<input type="checkbox"/> Professional building <input type="checkbox"/> Personal residence <input type="checkbox"/> Mall <input type="checkbox"/> Other (describe): _____

## **SECTION 6: SCALED FLOOR PLAN SAMPLE**

A scaled floor plan of the Level 1 Establishment that demonstrates the overall purpose of the space and each room, including entrances, exits, dispensaries, shampoo sinks, utility sinks, work stations and public restroom facilities. The floor plan must also include any leased space (Level 2 Establishment) location(s). If the Level 1 Establishment is part of a commercial building, please include an additional scaled drawing and floor plan of the entire premises showing the relative position of the establishment area and the location of all entrances, exits, bathrooms, and storage areas.



**Scale: 1 box □ = Square foot**

**SECTION 4: WATER, PLUMBING AND ELECTRICAL REQUIREMENTS - YOU MUST CHECK ONE BOX**

- ☐ Level 1 Establishment is served by a public Water System, as defined in 22 MRS §2601(8).  
**(check only if applicable)**
- ☐ Level 1 Establishment is not served by a Public Water System, as defined in 22 MRS §2601(8).  
**(Check only if applicable)**
- ☐ The water supply tested for total coliform bacteria and nitrates by a laboratory certified by the Department of Health and Human Services Drinking Water Program within six (6) months of application for initial licensure. A current list of certified laboratories can be found at [www.medwp.com](http://www.medwp.com).  
**Attach water test with application. (25.1.7)**

**SECTION 5: STATEMENT/AFFIRMATION and APPLICATION ATTESTATION:**

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

Statement/Affirmation
<p>I affirm that the Level 1 Establishment complies with all items reference in the Maine Barbering and Cosmetology Licensing Program Rules Chapter 25 and 26, including but is not limited to; all matter related to the physical plant of the business, practice tools, articles, equipment, items to maintain sanitation and infection control standards and safe practice procedures, and all requirements for the overall operation of your Level 1 Establishment operation.</p> <p><b><u>Check one:</u></b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (If no, please provide a detailed explanation on a separate sheet of paper).</p>


## **SECTION 7: AFFIRMATION FOR LEVEL 1 ESTABLISHMENT APPLICATION**


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

I verify that I have read all of the Maine Barbering & Cosmetology Licensing Programs Laws and Rules, including Program Rule Chapter 25 and Chapter 26 which describes the safety and sanitation requirements to open and operate an establishment. I affirm that the items, tools, and equipment necessary to operate and practice are in place, operable and functioning. I understand the Maine Barbering & Cosmetology Program will rely upon this information for issuance of my license and that discipline may be imposed including suspension and revocation of my license if the information being reported is found to be false.

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 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.

Please submit your application as early as possible to allow adequate time for your Level 1 establishment approval. You may not open or operate your Level 1 Establishment until this office has issued your license.

Printed Name Owner #1	
Signature Owner #1	Date
	

Printed Name Owner #2 ; if applicable	
Signature Owner #2	Date
	

Printed Name Owner #3 ; if applicable	
Signature Owner #3	Date
