



State of Maine

BARBERING & COSMETOLOGY LICENSING PROGRAM

LEVEL 1 ESTABLISHMENT

CHANGE OF LOCATION REPORTING FORM

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
Email: 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.



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

Barbering and Cosmetology Licensing Program

**LEVEL 1 ESTABLISHMENT LICENSE
CHANGE OF LOCATION REPORTING FORM**

Current License Number: ES Location Change Effective: _____

LEVEL 1 ESTABLISHMENT LICENSEE INFORMATION OF <u>NEW LOCATION</u> (please print)			
FULL LEGAL NAME OF LEVEL 1 ESTABLISHMENT LICENSEE (If your Level 1 Establishment is a LLC or Corporation, list that name here, if a Partnership list each partner's name.)			
LEVEL 1 ESTABLISHMENT NAME (DOING BUSINESS AS)			
BUSINESS FEIN OR SSN			
<u>NEW MAILING ADDRESS</u> OF LEVEL 1 ESTABLISHMENT			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL (Your license will be sent to this email)	
<u>NEW PHYSICAL LOCATION</u> OF LEVEL 1 ESTABLISHMENT			
CITY	STATE	ZIP	COUNTY

SECTION 1: LEVEL 1 ESTABLISHMENT LICENSEE INFORMATION OF OLD LOCATION

List the location you are moving from/old location			
Old Location/Street	City	State	Zip
License Number	Expiration		

SECTION 2: LEVEL 1 ESTABLISHMENT INFORMATION FOR THE NEW LOCATION

Services offered at this 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 3: WATER 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 Establishments is not served by a Public Water System, as defined in 22 MRS §2601(8).
(Check the following 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. **Attach water test with application.** (25.1.7)

SECTION 4: LEVEL 2 ESTABLISHMENTS AFFILIATED WITH YOUR LEVEL 1 ESTABLISHMENT AND AFFECTED BY CHANGE IN LOCATION

The Level 2 Establishments that were affiliated with my old location, having a valid Level 2 Establishment license will be moving as well, which I have verified directly with each Level 2 Establishment owner: **YES** **NO**

List Level 2 Establishment Owners Name—Each must have had a valid establishment license at your old location	Level 2 Establishment License Number

SECTION 5: WRITTEN AGREEMENT OR CONTRACT WITH EACH LEVEL 2 ESTABLISHMENT

Written Agreement or Contract
I affirm I have a written agreement or contract with the Level 2 Establishment owner(s) for the new location. Check one: <input type="checkbox"/> YES <input type="checkbox"/> NO
This document must be available to immediately be presented to the director or director’s designee upon request. Please do not submit the contract with this application.

SECTION 6: TRAINEE(S) AFFILIATED WITH YOUR LEVEL 1 ESTABLISHMENT AND AFFECTED BY CHANGE IN LOCATION

Please Note: A Level 1 Establishment licensee may have no more than 5 trainees at one time.

List the trainee(s) name - each must have had a valid trainee license at your old location	Trainee License Number

SECTION 6: LEVEL 1 ESTABLISHMENT READINESS

The following attests to the readiness of my Level 1 Establishment to begin operation and provide services


Statement/Affirmation
<p>I affirm that this location complies with all requirements reference in the 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, plumbing and water, electrical, practice tools, articles, equipment, sanitation and infection control standards and safe practice procedures, and all requirements for the overall operation of my relocated Level 1 Establishment.</p> <p>Check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide an explanation below, use a separate sheet of paper, necessary</p>

SECTION 7: AFFIRMATION FOR LEVEL 1 ESTABLISHMENT APPLICATION

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

I understand that this is a change in the location of my Level 1 Establishment and this is not a change of ownership, which would require a new application filing and fee.

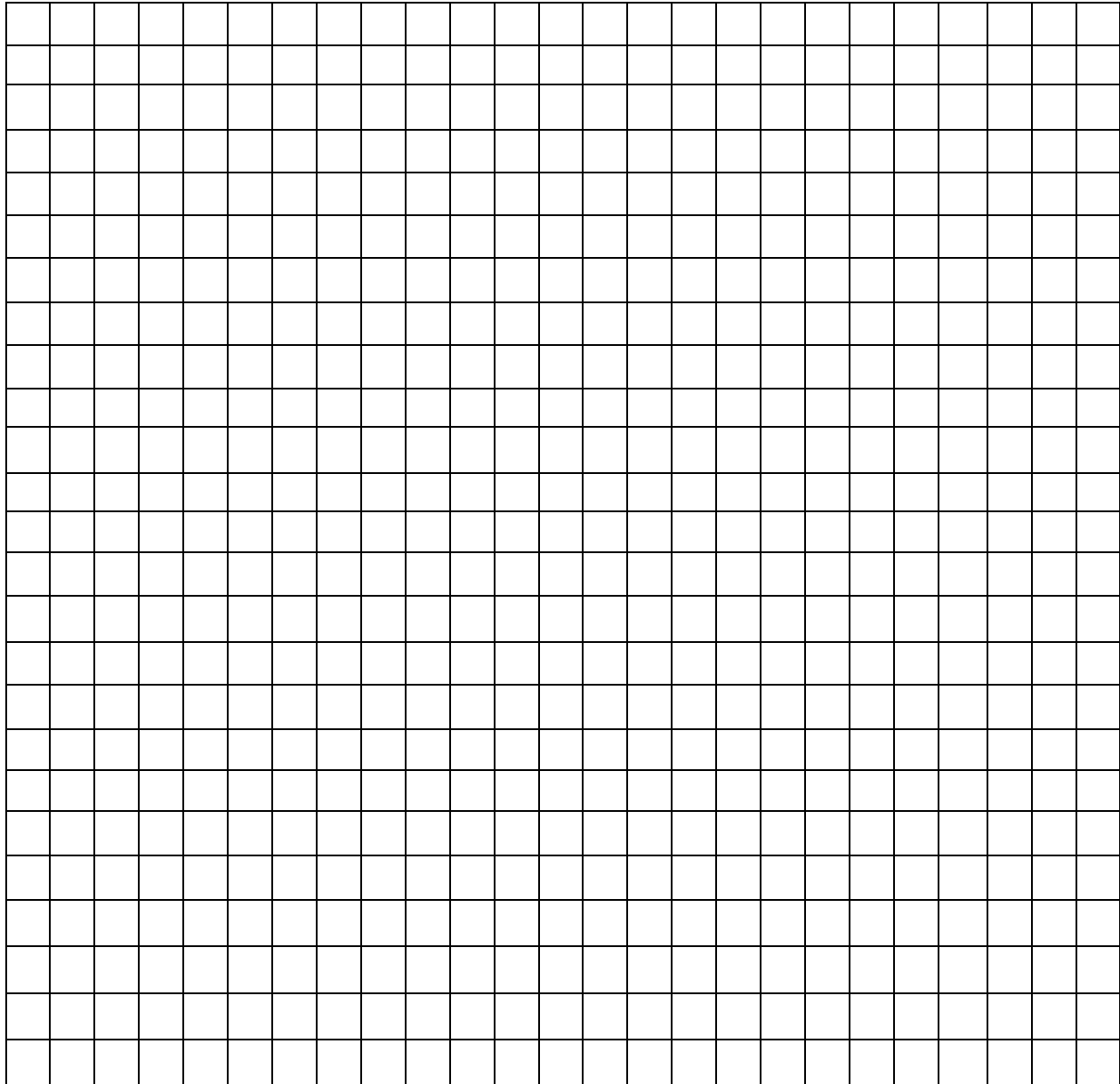
By my signature, as the owner of the Level 1 Establishment, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing Program will rely upon this information for issuance of my license and that this information is truthful and factual. I understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false. I further understand that it is my obligation to know, maintain current and abide by the Barbering and Cosmetology Licensing Program laws and rules.

Printed Name of Owner or Officer reporting the change of my Level 1 Establishment	
 Signature Owner	Date

SECTION 8: 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.

If this sample is not suitable for your floor plan, please attach a similar scaled floor plan.



Scale: 1 box □ = Square foot