



State of Maine

BARBERING & COSMETOLOGY LICENSING PROGRAM

The information in this packet is to assist you in completing your application. Please review the Barbering and Cosmetology Licensing laws and rules for further details and guidance.

LEVEL 2 ESTABLISHMENT REINSTATEMENT APPLICATION

NEW LICENSE
ADDITIONAL LICENSE
CHANGE OF OWNERSHIP

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
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.

APPLICATION INSTRUCTIONS LEVEL 2 ESTABLISHMENT REINSTATEMENT

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program.

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.

IMPORTANT INFORMATION ABOUT LEVEL 2 ESTABLISHMENT RENTING:

A person applying for a Level 2 Establishment license is subject to compliance with applicable laws and rules to operate an independent business in the same manner as a licensed Level 1 Establishment.

A Level 2 Establishment license is only required if you are self-employed and operate your business independently within a licensed Level 1 Establishment. The Level 2 Establishment license is not for purposes of employment or if you are an employee of the licensed Level 1 Establishment. As a Level 2 Establishment licensee, you are an independent business owner. The Maine Barbering and Cosmetology Licensing Program does not regulate the employee/employer relationship between Level 2 Establishment and Level 1 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.

The Level 2 Establishment license issued to you under this application is not transferable. If there is a change in ownership of the Level 1 Establishment, you are required to apply for a new Level 2 Establishment license in the same manner as the Level 1 Establishment. The Level 2 license issued is only valid for the current location and current Level 1 ownership at the time you apply for this license.

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 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 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: Effective July 1, 2012, the Barbering and Cosmetology Licensing Program has discontinued the Maine Laws and Rules portion of the examination and in its place requires an applicant for any license to attest that s/he will obtain, read and 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 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**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME OF <u>APPLICANT</u> (If LLC or Corporation, list that name here, if Partnership all partner names)			
LEVEL 2 ESTABLISHMENT NAME (Doing Business As)		BUSINESS FEIN OR SSN	
PHYSICAL ADDRESS OF ESTABLISHMENT			
CITY	STATE	ZIP	COUNTY
APPLICANT MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
APPLICANT'S PHONE # ()		APPLICANT'S E-MAIL (Your license will be emailed)	

Barbering and Cosmetology Licensing Program
REINSTATEMENT LEVEL 2 LICENSE
Required Fee: \$95.00 (Non-Refundable)

<small>Office Use Only:</small>	
Check #	_____
Amount:	_____
Cash #	_____
Lic. #	_____
EB1427 - \$20.00	
2090 - \$75.00	

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>		
SIGNATURE		DATE	

SECTION 1: Practice License Information

A Level 2 Establishment licensee must hold a practice license. Please enter your practice license below

Type of License (complete all that apply)	
Aesthetician License # _____	Expires: _____
Barber Hair Stylist License # _____	Expires: _____
Hair Designer License # _____	Expires: _____
Cosmetologist License # _____	Expires: _____
Nail Technician License # _____	Expires: _____

SECTION 2: LEVEL 2 ESTABLISHMENT OWNERSHIP-Please check one box below and complete the appropriate corresponding following block. This information is about your Level 2 Establishment and the ownership of your independently operated business, which is separate and apart from the Level 1 Establishment.

NOTE, ALL INFORMATION REQUIRED IN THIS SECTION APPLIES ONLY TO YOU AS THE OWNER OF THE LEVEL 2 ESTABLISHMENT. INFORMATION REGARDING THE LEVEL 1 ESTABLISHMENT AND ITS OWNER SHOULD BE PROVIDED IN SECTION 3.

- 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, please 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, please call (207) 624-7752.

Section A - Sole Proprietor			
Name of the Level 2 Establishment (Doing Business As):			
Name of applicant		Social security number	
Address of applicant	City	State	Zip code
Telephone number	Fax number	Email address	
()	()		

Section B - Partnership: List the name and address of each partner.			
Name of the Level 2 Establishment (Doing Business As):			
PARTNERSHIP INFORMATION:			
Name of partner who will be representing the applicant in matters relating to licensure			
Contact address	City	State	Zip code
Telephone number	FEIN number		
()			
E-mail address			

SECTION 2: LEVEL 2 OWNERSHIP (CONTINUED)

NAME AND CONTACT INFORMATION OF EACH PARTNER

Section B - Partnership (CONTINUED)

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

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

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

SECTION 2: LEVEL 2 OWNERSHIP (CONTINUED)

Section C: Name of Corporation: All information required in this section applies to you/ company as the owner of the Level 2 Establishment and not the establishment owner.			
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 2: LEVEL 2 OWNERSHIP (CONTINUED)

Section C – Corporation 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 2: LEVEL 2 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 2: LEVEL 2 OWNERSHIP (CONTINUED)

Section D - Limited Liability Company: All information required in this section applies to you/ company as the owner of the Level 2 Establishment and not the establishment owner.

Name of Limited Liability Company

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Assumed name (d/b/a)

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Name of parent company, if any

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FEIN #

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Contact address of Limited Liability Company	City	State	Zip code
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Physical Address of Limited Liability Company	City	State	Zip code
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Telephone number	Fax number
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E-mail address	Website address
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Name of member or manager who will be representing the applicant in matters relating to licensure

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Mailing address of representative	City	State	Zip code
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Telephone number	E-mail address
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Corporate registration certificate number	Issued under what jurisdiction	Date
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SECTION 2: LEVEL 2 OWNERSHIP (CONTINUED)

Section D - Limited Liability Company: All information required in this section applies to you/ company as the owner of the Level 2 Establishment and not the establishment owner

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 3: LEVEL 1 ESTABLISHMENT OWNER(S) INFORMATION

Name of Owner(s) of the Level 1 Establishment where the Level 2 Establishment is located.			
Name of Level 1 Establishment:		License number of level 1 establishment:	Expiration date:
Physical address of Level 1 Establishment:			
City	State	Zip code	Phone number:

SECTION 4: WRITTEN AGREEMENT OR CONTACT

Do you have a written agreement or contract with the Level 1 Establishment owners(s) for the purpose of obtaining a Level 2 Establishment license? This document must be available for review upon request by the director or director's designee.

YES or NO

PLEASE DO NOT SUBMIT THE CONTRACT WITH THIS APPLICATION

SECTION 5: AFFIRMATION FOR LEVEL 2 ESTABLISHMENT APPLICATION

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

Checklist Statement/Affirmation
<p>I affirm that the Level 2 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 2 Establishment operation.</p> <p>Check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide a detailed explanation on a separate sheet of paper</p>

I, the owner of the Level 2 Establishment, attest that this establishment is located in the licensed Level 1 Establishment stated under “applicant information”. I understand that I am independently operating my Level 2 Establishment within the licensed Level 1 Establishment named in this application and I am not an employee of the Level 1 Establishment. I have a pre-arranged agreement with the owner of the licensed establishment for the operation of my Level 2 Establishment. By my signature, I hereby certify that all information provided in 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 this Level 2 Establishment license and that this information is truthful and factual. I further understand that sanctions may be imposed if this information is found to be false. I understand that it is my duty and obligation to know and maintain current knowledge of the Maine Barbering and Cosmetology Licensing laws and rules.

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 2 Establishment until this office has issued your license.

Printed Name of applicant:	
Signature of applicant:	Date:
	