



# 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.

### NEW SCHOOL APPLICATION

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.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8579 Fax: (207) 624-8637 TTY users call Maine relay 711 web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### 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, but you will not leave with a license.
- **Can I come to Gardiner to pick up my license?** No. Your license will be e-mailed to you.
- **How long does it take to process an application?** You can check your status on our website at [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 operate.

### 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 Professional and Occupational Regulation 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. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(i)). 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.

#### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- 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 PROFESSIONAL AND OCCUPATIONAL REGULATION  
COMPANY APPLICATION**

<b>APPLICANT INFORMATION (please print)</b>			
FULL LEGAL NAME OF SCHOOL			
FEIN OR SSN			
PHYSICAL ADDRESS OF SCHOOL			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS OF SCHOOL			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL - (Your license will be emailed)	
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 Professional and Occupational Regulation 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>PRINTED NAME OF SCHOOL OFFICIAL</b>			
<b>SIGNATURE</b>		<b>DATE</b>	

**Barbering and Cosmetology Licensing Program**  
**SCHOOL LICENSE**  
**Required Fee: \$500.00(Non-Refundable)**  
**Off Site/Satellite Classroom Fee: \$100.00**

**Office Use Only:**  
SH/SHB 1421 - \$500.00  
SCR 1421- \$100.00

**SCHOOL TYPE—YOU MUST CHECK ONE BELOW**

<input type="checkbox"/> Initial School (SH 1421)	FEE: \$500.00
<input type="checkbox"/> Branch Off Site/Satellite Classroom—List address of primary school location (SCR 1421)	FEE: \$100.00

Office Use Only:

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

<b>PAYMENT OPTIONS:</b>			
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: NEW SCHOOL / OWNERSHIP INFORMATION**

<b>Section A – NEW SCHOOL</b>	
Name of School	
Doing Business As:	

**SECTION 2: OWNERSHIP** - Please check one and complete the appropriate block below.

Sole Proprietor (*complete section A*)

Partnership (*complete section B*)

Corporation or LLC (*complete section C*)

<b>Section A - Sole Proprietor</b>			
Owner Name		Social Security Number/FEIN #	
Mailing Address		City	State
Telephone Number	Fax Number	Email Address	
(     )	(     )		

<b>Section B - Partnership</b>			
Owner Name		% Owned	Social Security Number
Owner Name			Social Security Number
Owner Name			Social Security Number
Mailing Address		City	State
Telephone Number		Fax Number	
(     )		(     )	
Email Address		Federal Tax ID Number	

**SECTION 2: (CONTINUED) OWNERSHIP**

<b>Section C - Corporation Ownership:</b>			
Name of Corporation			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
Owners Name			
FEIN #			
Contact Address of Corporation	City	State	Zip Code
Telephone Number (     )	Fax Number		
E-mail Address		Website Address	
Corporate Registration Certificate Number	Issued Under What Jurisdiction	Date	
Contact Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number (     )	E-mail Address/ Website Address		

**For corporations organized under Maine Law a certificate of existence from the Maine Secretary of State; or for corporations not organized under Maine law, a certificate of authority from the Maine Secretary of State and a certificate of existence from the state origin. For assistance please contact Maine Secretary of State at (207) 624-7752 or [www.maine.gov/sos](http://www.maine.gov/sos)**

**SECTION 3: IS THIS A CHANGE OF LOCATION OR OWNERSHIP?**    Yes    No

If yes, complete the following:

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

**SECTION 4: GENERAL CONTACT INFORMATION FOR SCHOOL**

Section A—Location Change			
Former Location	City	State	Zip
Section B – Ownership Change			
Former Owner's Name		Ownership Type	
		<input type="checkbox"/> Sole Proprietor	
		<input type="checkbox"/> Partnership	
		<input type="checkbox"/> Corporation	
License Number	Expiration	Date change took place	

**SECTION 4: MANAGER/DIRECTOR CONTACT INFORMATION**

Name of Manager / Director		Title
Telephone Number	Email Address	
(      )		

**SECTION 5: GENERAL CONTACT INFORMATION FOR SCHOOL**

Primary Phone #	Fax #	Email Address
(      )	(      )	
Website Address		

**SECTION 6: COURSE OFFERING** (See Board Rules Chapter 27 Subchapter 2(1)(15))

<b>Courses offered to students (check all that apply)</b>	
<input type="checkbox"/> Aesthetics - 600 clock hours	<input type="checkbox"/> Hair Designer - 1,200 clock hours
<input type="checkbox"/> Barber Hair Stylist - 1500 clock hours	<input type="checkbox"/> Nail Technology - 200 clock hours
<input type="checkbox"/> Cosmetology - 1500 clock hours	<input type="checkbox"/> Instructors - 1000 clock hours

**For each course offered you must submit the following with this application:**

- Curriculum, course outline, instructional schedule and daily lesson plan;
- Orientation materials and overview of all subjects taught;
- Testing and assessments; and
- Teaching aids

**SECTION 7: SCHOOL HOURS**

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**SECTION 8: PRE-SITE EVALUATION, FINAL INSPECTION**

<b>PRE-SITE EVALUATION</b>			
If requesting a pre-site evaluation, please list date and time options.			
	DATE	BEGIN TIME	END TIME
1.			
2.			
3.			

<b>FINAL SITE INSPECTION</b>			
If you are not requesting a pre-site evaluation, please list the date and time options for this office to conduct an inspection of the completed and ready to open site. <i>(Notice: A school, including a satellite classroom, may not operate until a final inspection has been conducted and approved.)</i>			
	DATE	BEGIN TIME	END TIME
1.			
2.			
3.			

**EVERY ATTEMPT WILL BE MADE TO ACCOMMODATE YOUR REQUEST. A MINIMUM OF 25 DAYS NOTICE IS REQUESTED.**

**SECTION 9: INSTRUCTIONAL STAFF**

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	



**SECTION 9 (CONTINUED): INSTRUCTIONAL STAFF**

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

## **SECTION 10: FLOOR PLAN, ELECTRICAL, PLUMBING AND FIRE SAFETY STANDARDS, WATER SUPPLY**

### **A. Floor Plan of School**

(See Program Rules Chapter 27 Subchapter 2 (1)(7))

- A scaled floor plan of the school that details the purpose of each area of the school including, but is not limited to: entrances; exits; dispensary; clinic; student practice laboratory; theory classroom; public reception area; product retail center; shampoo sinks; utility sinks; work stations; student library; student lounge center; product and equipment stock; supply and storage room; offices and public restroom facilities. If the school is part of a commercial building, the applicant shall include an additional scaled drawing and floor plan of the entire premises showing the relative position of the prospective school area and the location of all entrances, restrooms and storage areas.

### **B. Plumbing, Electrical Requirements, Fire Safety Requirements**

(See Program Rules Chapter 27, Subchapter 2(1)(10))

- All plumbing must be in compliance with the Uniform Plumbing Code as adopted by the Plumber's Examining Board. Documentation certifying compliance by the city or town plumbing inspector is attached to my application;
- All electrical installations must be in compliance with the National Electrical Code as adopted by the Electrician's Examining Board. Documentation certifying compliance by city or state electrical inspectors is required. A copy is attached to my application; or
- A Certificate of Occupancy is attached to my application; and
- Documented evidence that the school meets applicable Maine and local fire safety standards. Documentation should include copies of current permits or certificates indicating compliance.

### **C. Water Supply**

(See Program Rules Chapter 27, Subchapter 2(1)(9))

- Public water supply.
- Private water supply. Attach a copy of a recent satisfactory water test for private water sources only.

**SECTION 11: BOND / FINANCIAL / INSURANCE INFORMATION**

**A. Bond**

(See Program Rules Chapter 27 Subchapter 2 (1)(11))

- Evidence must accompany this application that the school has a valid surety bond as required by law.

**B. Financial Information**

(See Program Rules Chapter 27 Subchapter 2 (1)(12))

- A new school applying for initial license shall provide a notarized, unaudited, financial statement as evidence of sufficient capital, exclusive of proposed tuition, to operate at least 12 months.

**C. Liability Insurance**

(See Program Rules Chapter 27 Subchapter 2 (1)(13))

- A copy of the school’s current insurance policy which meets the requirements set in rule.
- Professional liability insurance
- Public liability insurance

**SECTION 12: SUBMISSIONS REQUIRED WITH THIS APPLICATION:**

**A. School Catalog/Brochure**

(See Program Rules Chapter 27 Subchapter 2 (1)(18))

- Submit a copy of the current school catalog/brochure.

**B. Tuition, Fees, Other Charges – Cite catalog/brochure page(s)**

(See Program Rules Chapter 27, Subchapter 2(1)(14))

	Tuition, Fees, Other Charges	Catalog/brochure page(s)
A		
B		
C		
D		
E		

**SECTION 12 (CONTINUED): SPECIFIC INFORMATION**

**C. Admission Requirements – Cite catalog/brochure page(s)**

(See Board Rules Chapter 27 Subchapter 2(1)(15))

Admission Requirements		Catalog/brochure page(s)
A		
B		
C		
D		

**D. Record Keeping and Reporting Procedures**

(See Board Rules Chapter 27 Subchapter 3(18))

- Submit a copy of the record keeping forms and reporting procedures that will be used.

**E. Academic Progress Standards**

(See Board Rules Chapter 27, Subchapter 3(19))

- Submit a copy of the academic progress standards that will be used

**F. Graduation Requirements – Cite catalog/brochure page(s)**

(See Program Rules Chapter 27 Subchapter 2 (1)(16))

Graduation Requirements		Catalog/brochure page(s)
A		
B		
C		
D		
E		

**G. Teach-out Policy**

(See Program Rules Chapter 27 Subchapter 2 (1)(20))

- Submit a copy of the sample teach-out plan (See Chapter 27, Subchapter 3(8)(5))

## **SECTION 13: NOTICES**

### **Please Note:**

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 for your review at:

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

## **SECTION 14: LAWS AND RULES**

All relevant laws and rules are accessible from this web page.

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

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

### ***Title 5 Administrative Procedures and Services § 341***

<http://legislature.maine.gov/statutes/5/title5ch341sec0.html>

### ***Title 10 Department of Business Regulation Law §§8001-8009***

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

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

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

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

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

**SECTION 16: ENDORSEMENT FOR NEW SCHOOL APPLICATION**

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

Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

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.

Printed Name of Owner	Title
Signature	Date
	