



# 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.

### SCHOOL RENEWAL

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 SCHOOL RENEWAL

## **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.**

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program with the required fee and documentation. **Please see 32 M.R.S., Subchapter 4 and Chapter 27 of the Board Rules for application requirements.**



**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 - <b>(Your license will be emailed)</b>	
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>	

<h2 style="margin:0;">Barbering and Cosmetology Licensing Program</h2> <h3 style="margin:0;">RENEWAL OF SCHOOL LICENSE</h3> <p style="margin:0;">Required Fee: \$500.00(Non-Refundable)</p>		
License # _____	<b>Office Use Only:</b> SH/CTE  1427 - \$500.00	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____

<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"/> <b>I understand that fees are non-refundable</b>			
Card number:	Expiration Date <i>mm / yyyy</i>		
<b>SIGNATURE</b>		<b>DATE</b>	

**SECTION 1: OWNERSHIP**

- Pursuant to Program Rules, Chapter 27 (2) (5) A change in ownership requires a new application. If there has been a change in ownership you cannot renew the existing license, you must submit a new school application.

**SECTION 2: MANAGER / DIRECTOR CONTACT INFORMATION**

Name of Manager / Director		Title
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Telephone Number	Email Address	
(     )		

**SECTION 3: GENERAL CONTACT INFORMATION FOR SCHOOL**

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

**SECTION 4: COURSE OFFERING**

<b>Courses you have been approved to offer to students (check all that apply)</b>	
Have you added or deleted any courses from your previous application? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Aesthetics – 600 clock hours	<input type="checkbox"/> Cosmetology - 1500 clock hours
<input type="checkbox"/> Barbering – 1500 clock hours	<input type="checkbox"/> Nail Technology – 200 clock hours
<input type="checkbox"/> Limited Barbering – 800 clock hours	<input type="checkbox"/> Instructors - 1000 clock hours

**SECTION 5: SCHOOL HOURS**

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**SECTION 6: INSTRUCTIONAL STAFF**

Staff Name		Teaching Assignment	
Background Experience			
License Number	Expiration		Date of Employment

Staff Name		Teaching Assignment	
Background Experience			
License Number	Expiration		Date of Employment

Staff Name		Teaching Assignment	
Background Experience			
License Number	Expiration		Date of Employment

Staff Name		Teaching Assignment	
Background Experience			
License Number	Expiration		Date of Employment

Staff Name		Teaching Assignment	
Background Experience			
License Number	Expiration		Date of Employment

**SECTION 6 (CONTINUED): INSTRUCTIONAL STAFF**

Staff Name		Teaching Assignment
Background Experience		
License Number	Expiration	Date of Employment

Staff Name		Teaching Assignment
Background Experience		
License Number	Expiration	Date of Employment

Staff Name		Teaching Assignment
Background Experience		
License Number	Expiration	Date of Employment

Staff Name		Teaching Assignment
Background Experience		
License Number	Expiration	Date of Employment

Staff Name		Teaching Assignment
Background Experience		
License Number	Expiration	Date of Employment

**SECTION 7: FACILITY INSPECTIONS**

- Documented evidence that the school meets applicable Maine and local fire safety standards. Documentation should include copies of current permits and certificates indicating compliance.

**SECTION 8: BOND / FINANCIAL / INSURANCE INFORMATION**

**A. Bond**

- Evidence shall be submitted to indicate that the school has a valid surety bond as required by law. *This does not apply to a Career and Technical School.*

**B. Financial Information** (32 MRS §14246(2))

- Most recent financial audit conducted by certified public accountant unaffiliated with the school. *For a Career and Technical School that does not assess or collection tuition this does not apply.*

**C. Liability Insurance** (See Program Rules Chapter 27 Subchapter 2(1)(13))

- Professional liability insurance
- Public liability insurance

**SECTION 9: SPECIFIC INFORMATION**

**A. School Catalog/Brochure** 32 MRS § 14246(2)(A & B))

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

**SECTION 10: THE FOLLOWING SECTION TO BE COMPLETED BY THE SCHOOL OWNER**

<p>Since your last renewal have you or any corporate officers, owners, or the designated officer of this entity been convicted of any criminal offense (including motor vehicle criminal offenses)? If yes:</p> <p>1. Provide a <u>detailed explanation</u> in the offender’s own words on a separate sheet of paper.                  2. Attach a copy of the <u>Court Judgment and Decision</u>.                  3. If a motor vehicle criminal offense, attach a copy of a recent motor vehicle report.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Since your last renewal 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> <p>1. List the jurisdiction(s):                  State/Jurisdiction _____ Date _____                  State/Jurisdiction _____ Date _____</p> <p>2. Submit a copy of the consent agreement or decision and order for each of the above.                  3. Provide a detailed explanation in your own words on a separate sheet of paper.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

## **SECTION 11: 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 12: LAWS AND RULES**

Access to 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 13: ENDORSEMENT FOR SCHOOL RENEWAL 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 Applicant	Title
Signature	Date
	