$\geq$
$\vdash$
$\leq$
$\mathcal{O}$
SE
5
$\Xi$
FICE
Ę.
K.
FOF

RHODE WISLAND

***	FOR OFFIC	CE USE C	NLY***
Signat	ure:		
Receip	ot #:		
ID#:			
Issue I	Date:		
Licens	e #		

Rhode Island

## Board of Hairdressing and Barbering $_{\text{Room }104}$

Room 104 3 Capitol Hill Providence, RI 02908-5097

### Instructions and Application For

Shop License
Hair Design Shop
Manicuring Shop
Esthetics Shop

Projected Opening Date:	
Are you purchasing this salon from another owner?  Yes  No	
If yes, who was the owner?	_
What was the name of the salon?	_
Are you closing a salon and relocating it to a new address?  Yes No  If yes, what was the previous address of the salon?	

Print Shop Name

Phone: (401) 222-2828 TTY/TDD: (800) 745-5555 Fax: (401) 222-1272

\*\*\*Detach Page - Do Not Submit With Application \*\*\*

#### LICENSURE REQUIREMENTS

Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer Application Fee (\$170.00) attached to the upper left-hand corner of the first (Top) page of the application. FEES ARE NONREFUNDABLE.
List of services that will be provided in the salon (a form is included in this application for that purpose)
Supervising (Licensed) Shop Manager (form is included in this application for that purpose) Manager must have been licensed for at least one (1) year immediately prior to submission of this application Supervising Manager shall only be registered to manage one (1) shop at a time Licensed Manicurists may only act as Supervising/Shop Managers at Manicuring Shops Licensed Estheticians may only act as Supervising/Shop Managers at Esthetics Shops Licensed Barbers may only act as Supervising/Shop Managers at Hair Design Shops Licensed Hairdressers may act as Supervising/Shop Managers at all shops
Shop License Compliance Attestation (form is included in this application to be used for that purpose)
Zoning Letter - must be completed by the city/town building inspector of the city or town where your shop will be located.
If there are going to be independent contractors working in this salon, they will need to submit a Space Rental Application that is separate from this application. This application can be found on our website listed below

#### **Inspection Information**

An inspection of your shop/salon must be conducted before the business license can be issued. These inspections are scheduled by the Department of Health. We will contact you to schedule the inspection.

Once your application is complete with all required documents, the license will be issued and you may open your shop/salon.

#### **Ownership Information**

You must provide name(s) and address(es) of the owner of the Shop. You may not operate a cosmetology shop under a previous owner's license. A license cannot be transferred from a previous owner to a new owner at the same location. If you move to a new location, you must re-apply for a new Shop License (You cannot transfer a shop license to another location).

#### **Licensure Information**

Please visit the RIDOH website at <a href="http://www.health.ri.gov/licenses">http://www.health.ri.gov/licenses</a> to Verify your license, download Rules and Regualtions/Laws for your profession, download licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.



## State of Rhode Island Board of Hairdressing and Barbering Application for Shop License

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.				
1. Shop Name:				
1. Shop Ivallie.	Shop/Facility Name			
	onop/racinty Name			
2. Owner Name:				
Provide the name of the	Fig. V.			
owner of the shop.	First Name Middle Name Surname, (Last Name)			
3. Name of				
Supervising/ Shop Manager	Supervising/Shop Manager License Number			
Provide the name of the licensed individual who	First Name			
is responsible for the				
day-to-day operations of the shop. NOTE: A	Middle Name			
change in the supervising/ shop manager requires				
written notification to the BOARD.	Surname, (Last Name)			
	Suffix (i.e., Jr., Sr., II, III)  Area Code Phone Number Extension Unlisted?			
4. Shop Mailing				
Information:	First Line Address			
Please provide the mailing				
information for all com- munication regarding this	Second Line Address			
license. It is your responsi- bility to notify the board of	Third Line Address			
all address changes.				
This information	City State/Province Zip Code			
<u>will NOT</u> appear on the HEALTH Web	Country, If NOT U.S.  Postal Code, If NOT U.S.			
site.				
	Mailing Address Phone Extension Mailing Address Fax			
C. Ch	Email Address (Format for email address is Username@domain e.g. applicant@isp.com)			
5. Shop Location	First Line Address			
Information:	This Line Address			
	Second Line Address			
	Third Line Address			
	City State/Province Zip Code			
This information will appear on the	Facility Phone Extension Facility Fax			
HEALTH Web site.				
6.Type of	Email Address (Format for email address is Username@domain e.g. applicant@isp.com)			
Ownership	Corporation Limited Liability Company			
Please Check ONE	☐ Sole Proprietorship ☐ Limited Partnership			
Tiende Officer OTAL				
	Governmental Entity Partnership			

#### Applicant: Print your complete business name >

7. Ownership		٦
Information:		┙
n :1 :1		
Provide the name address and telephone	D.B.A. (Doing Business As)	_
number(s) of the shop/	First Line Address	
facillity owner in the spaces provided	First Line Address	٦
If necessary, continue	Second Line Address	
below, or on a separate of		
8 1/2 X 11" sheet of	Third Line Address	_
paper.		
	City State/Province Zip Code	_
	Country, If NOT U.S.  Postal Code, If NOT U.S.	٦
	Phone Extension Fax	٦
	Email Address (Format for email address is Username@domain e.g. applicant@isp.com)	╛
8. Federal	"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as	
Employer	Federal Employer Identification Number (FEIN) amended, I attest that I have filed all applicable tax returns and paid all taxe	
Identification	owed to the State of Rhode Island, and I understand that my Federal Emplo Identification Number (FEIN) will be transmitted to the Divison of Taxation to	
Number (FEIN)	verify that no taxes are owed to the State."	,
Mandatory		
•		
9. Affidavit of		
Applicant	I,, being first duly sworn, depose and say that I am the persor	1
Complete this sec-	referred to in the foregoing application and supporting documents.	
tion and sign in the presence of a notary	I have read carefully the questions in the foregoing application and have answered them completely,	
public.	without reservations of any kind, and I declare under penalty of perjury that my answers and all statements	
Make sure that you	made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice in	
and the notary public have completed all	the State of Rhode Island.	
components accu- rately and completely.		
rately and completely.	I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Hairdressing and Barbering of any change in the answers to these questions after this	
	application and this affidavit is signed.	
	The foregoing instrument was acknowledged before me this day of	
	, 20, by,	
	who is personally known to me or has produced	
	as documentation and did / did not take an oath.	
	Signature of Applicant  Date of Signature (MM/DD/YY)	
	· · · · · · · · · · · · · · · · · · ·	·;
	Name of Notary (Print, Type or Stamp)  Signature of Notary	
	Notary Seal	
	Notary Seal  Notary No/Commission No.  Commission Expiration Date (MM/DD/YY)	

Name of Hair Salc	n:			
Located	at:			
	<u>List o</u>	of Services to be Provide	ed	
				_
				_
				_
				_
				_
				_
				_
<u> </u>				_
	***FO	R OFFICE USE ONLY	***	
	Services	s Covered by Licenses F	Held	
	Checked by	Date:		



# Rhode Island Board of Hairdressing and Barbering Room 104, 3 Capitol Hill Providence, RI 02908-5097 (401) 222-2828

#### SUPERVISING/SHOP MANAGER REGISTRATION APPLICATION\*

<u>IMPORTANT!</u> Chapter 5-10-15 of the General Laws of Rhode Island states: "...The proprietor of the licensed shop and the manager shall notify the division in writing within ten (10) days upon the termination of employment as the manager of said licensed shop. The license of said shop shall expire forty-five (45) days after the division if so notified by the proprietor if no new manager is registered with the division as the supervising manager of said shop.

Ι	, the proprietor or chi	ef executive officer of		Name of Shop	
1 , 1 ,				Name of Shop	
located at	City		State	Zip Code	
do hereby make application with the	Division of Professional Regulation	on to register			
				Manager Name	
with the Board of Hairdressing and B	arbering as the manager of said s	hop.			
Supervising/Shop Manager Resid	ence and	Recent Photograph of			
License Information		Supervising/Shop Man	nager		
		Securely tape or glue in			$\neg$
Name of Manager		this square a current 2" x 2" photograph of the			
		shop manager (alone).			
Street Address		Photographs must be recent, passport type			
		photo, clear, front view, full face without a hat or		Affix Photo Here	
City	State zipCode	dark glasses.			
Date of Birth	Social Security Number	Full length photos will not be accepted.			
Dute of Birth	occar occurry rumoer	not be accepted.			
Supervising/Shop Manager's License Number	Date Issued	-			
		Write manager's	name on the b	pack of the photograph, an	d have
Manager's Home Telephone Number	Shop Telephone Number	manager sign bel		1 0 1	
		_			
Shop License Number				Manager's Signature	
* NOTE: The Supervising/Shop Manager may only act as Supervising/Shop Manage may only act as Supervising/Shop Manager Shop Manager shall only be registered to not the photograph attached hereto is a fair like of the foregoing statements and answers are	rs at Esthetics Shops; Licensed Manio at Hair Design Shops; Licensed Hair nanage one (1) shop at a time. I do so eness of the manager in my employ;	curists may only act as Supervisin dressers may act as Supervising/S blemnly swear (affirm) that I am t that I have made or read the con	ng/Shop Manage Shop Manager at the proprietor of	er at Manicuring Shops; Licer all shops. Furthermore, the S said shop named in this app	ised Barbe Supervising lication, an
	Sign	nature of Proprietor			
The foregoing instrument was acknown	vledged before me this	day of	, 20	, by	
	, who is personall	y known to me or has produce	ed		
as documentation and did / did not to	ake an oath.				
Name of Notary (Print, Type or Stamp)	Signature of Notary	<del></del>			
				Notary Seal	
Notary No/Commission No.	Commission Expiration I	Date (MM/DD/YY)			



#### Rhode Island Department of Health Board of Barbers, Hairdressers, Cosmeticians, Manicurists, Estheticians and Instructors 3 Capitol Hill, Room 104, Providence, RI 02908-5097 (401) 222-2828

#### SHOP LICENSE ATTESTATION

	, as registered owner	r of the following b	ousiness:
(Print Name of Owner)	C	C	
(Print Shop Name)			
(Print Street Addressfor Shop)			
(Print City/State/Zip for Shop)			
(Owner Telephone Number)			
n an application for licensure is pur uspension, or revocation of my lice	nishable as a misdemeand	or, and that such ar	n act shall constitute
	•		
	Date of Signature		
instrument was acknowledged before me this	day of	, 20	, by
, who is personally known to me	or has produced		
tion and did / did not take an oath.			·
e or Stamp)	Signature of Notary		Notary Seal
	Commission Expiration D	ate (MM/DD/YY)	
	(Print Shop Name)  (Print Street Addressfor Shop)  (Print City/State/Zip for Shop)  (Owner Telephone Number)  p named above is in compliance was arbers, Hairdressers, Cosmeticians of the shop of the shop of the shop I instrument was acknowledged before me this	(Print Shop Name)  (Print Street Addressfor Shop)  (Print City/State/Zip for Shop)  (Owner Telephone Number)  p named above is in compliance with all requirements of the arbers, Hairdressers, Cosmeticians, Manicurists, Esthetician an application for licensure is punishable as a misdemeand uspension, or revocation of my license/permit to operate in a random inspection of the shop I have listed above following a random inspection of the shop I have listed above following instrument was acknowledged before me this day of to not stamp on the produced to an addid / did not take an oath.  Signature of Notary	(Print Street Addressfor Shop)  (Print City/State/Zip for Shop)  (Owner Telephone Number)  p named above is in compliance with all requirements of the Rhode Island Rull sarbers, Hairdressers, Cosmeticians, Manicurists, Estheticians, and Instructors of the an application for licensure is punishable as a misdemeanor, and that such an uspension, or revocation of my license/permit to operate in the State of Rhode iteral Law 11-18-1.  edge that the Department of Health may issue a license/permit to operate base a random inspection of the shop I have listed above following the issuance of the shop I have listed above following the shop I h

PLEASE NOTE: Incomplete forms will be returned to the applicant

To view the Rules and Regulations please visit:

www.health.ri.gov/licenses



TO:	CITY/TOWN BUILDING INSPECTOR
FROM:	RI DEPARTMENT OF HEALTH OFFICE OF HEALTH PROFESSIONALS REGULATION BOARD OF HAIRDRESSING AND BARBERING
SUBJECT:	ZONING LETTER
hairdı	Rhode Island General Laws require that all establishments licensed to practice ressing/cosmetic therapy, manicuring, or esthetics meet local zoning law; I for business as a Hair Design Shop, Manicuring Shop, or Esthetics Shop.
Please co	omplete the following:
The b	business establishment located in the city/town of
	ed at
meets	s the requirements as stated above.
Date	Signature of City/Town Official
	( Affix seal )

#### **Requirements for RIDOH Inspection Compliance 2024**

You will be contacted via email to schedule your inspection. Be sure to check all spam and junk folders. All applications take several weeks to process, and all applications are addressed in the order that they are received. This document serves as a preliminary punch list and is not an actual inspection document. Links are posted below for all applications, RI regulations and RI Statutes

- Adequate running water on premises
- Sink for handwashing with soap and paper towels
- Proper storage for supplies
- Hand sanitizer available
- Owner has allowed access
- Proper licenses for ALL owners, managers, shop space renters and shop. Out of state licenses are not valid in Rhode Island
- Professional licenses posted in view
- NO animals in salon with the exception of licensed service dogs for the hearing, visually or medically impaired
- Covered receptacle for all trash and soiled linens
- Premises free of callous shavers, multi-use razors or unsanitary tools
- No latex gloves
- All mechanical and electrical equipment properly maintained
- In compliance with fire safety codes, building codes, zoning laws and OSHA standards
- Washable floor coverings. NO carpet
- Operating toilet facilities
- Lines laundered submerged in 140-degree water for a minimum of 15 minutes
- Storage for implements to prevent contaminations
- Free of advertising misleading to the public
- Premises free of permeant makeup unless there is a RI tattoo parlor license
- In compliance with rules prohibiting electrolysis
- Head rest covered with clean towel
- ALL products free of Methyl Methacrylate (MMA)
- Proper use / storage of single-use items
- Used sharps must be placed in a safety sharps container and properly disposed of
- Combs, brushes, tweezers, manicuring tools, clipper tools, etc. must be properly cleaned with an EPA-approved disinfectant. (i.e., Barbicide)
- Clean protection around clients neck
- Registered manager available at all times business is operating
- Handwashing between each client

https://health.ri.gov/licenses/detail.php?id=225