

Rhode Island  
Board of Hairdressing and Barbering  
Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

\*\*\*FOR OFFICE USE ONLY\*\*\*

Signature:

Receipt #:

ID#:

Issue Date:

License #

## ***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***

## LICENSURE REQUIREMENTS

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- ☐ 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 <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/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.



## 7. Ownership Information:

Provide the name  
address and telephone  
number(s) of the shop/  
facility owner in the  
spaces provided  
If necessary, continue  
below, or on a separate  
of  
8 1/2 X 11" sheet of  
paper.

Name of Owner																								
D.B.A. (Doing Business As)																								
First Line Address																								
Second Line Address																								
Third Line Address																								
City												State/Province		Zip Code										
Country, If <u>NOT</u> U.S.												Postal Code, If <u>NOT</u> U.S.												
Phone				Extension				Fax																
Email Address (Format for email address is Username@domain e.g. applicant@isp.com)																								

8. Federal  
Employer  
Identification  
Number (FEIN)

Mandatory

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Federal Employer Identification Number (FEIN)

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Federal Employer Identification Number (FEIN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

## 9. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements 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 the State of Rhode Island.

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)

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Name of Notary (Print, Type or Stamp)

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Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)

Notary Seal

Name of Hair Salon: \_\_\_\_\_

Located at: \_\_\_\_\_

\_\_\_\_\_

List of Services to be Provided

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

\*\*\*FOR OFFICE USE ONLY\*\*\*

Services Covered by Licenses 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\***

**IMPORTANT! 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.**

I \_\_\_\_\_, the proprietor or chief executive officer of \_\_\_\_\_  
Name of Shop

located at \_\_\_\_\_  
Street City State Zip Code

do hereby make application with the Division of Professional Regulation to register \_\_\_\_\_  
Manager Name

with the Board of Hairdressing and Barbering as the manager of said shop.

**Supervising/Shop Manager Residence and License Information**

Name of Manager

Street Address

City State zipCode

Date of Birth Social Security Number

Supervising/Shop Manager's License Number Date Issued

Manager's Home Telephone Number Shop Telephone Number

Shop License Number

**Recent Photograph of Supervising/Shop Manager**

Securely tape or glue in this square a current 2" x 2" photograph of the shop manager (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.

Affix Photo Here

☞ Write manager's name on the back of the photograph, and have manager sign below.

Manager's Signature

\* NOTE: The Supervising/Shop Manager must have been licensed for a period of at least one (1) year prior to the filing of the application for licensure. Licensed Estheticians may only act as Supervising/Shop Managers at Esthetics Shops; Licensed Manicurists may only act as Supervising/Shop Manager at Manicuring Shops; Licensed Barbers may only act as Supervising/Shop Manager at Hair Design Shops; Licensed Hairdressers may act as Supervising/Shop Manager at all shops. Furthermore, the Supervising/Shop Manager shall only be registered to manage one (1) shop at a time. I do solemnly swear (affirm) that I am the proprietor of said shop named in this application, and the photograph attached hereto is a fair likeness of the manager in my employ; that I have made or read the contents thereof, and to the best of my knowledge and belief of the foregoing statements and answers are true in substance and are made in good faith.

Signature of Proprietor

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.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)

Notary Seal



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***

I \_\_\_\_\_, as registered owner of the following business:  
(Print Name of Owner)

\_\_\_\_\_  
(Print Shop Name)

\_\_\_\_\_  
(Print Street Address for Shop)

\_\_\_\_\_  
(Print City/State/Zip for Shop)

\_\_\_\_\_  
(Owner Telephone Number)

attest that the shop named above is in compliance with all requirements of the Rhode Island Rules and Regulations for the Licensure of Barbers, Hairdressers, Cosmeticians, Manicurists, Estheticians, and Instructors [R5-10-HAIR].

I affirm that the information provided in this Attestation is true and accurate. I acknowledge that knowingly making a false statement in an application for licensure is punishable as a misdemeanor, and that such an act shall constitute cause for denial, suspension, or revocation of my license/permit to operate in the State of Rhode Island, pursuant to Rhode Island General Law 11-18-1.

I further acknowledge that the Department of Health may issue a license/permit to operate based on this Attestation and may conduct a random inspection of the shop I have listed above following the issuance of the license to operate.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date of Signature

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.

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

Notary Seal

PLEASE NOTE: Incomplete forms will be returned to the applicant

To view the Rules and Regulations please visit:

[www.health.ri.gov/licenses](http://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

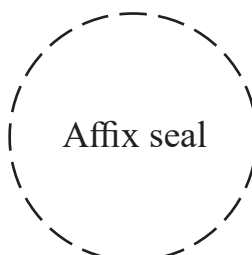
The Rhode Island General Laws require that all establishments licensed to practice hairdressing/cosmetic therapy, manicuring, or esthetics meet local zoning law; zoned for business as a Hair Design Shop, Manicuring Shop, or Esthetics Shop.

Please complete the following:

The business establishment located in the city/town of \_\_\_\_\_  
located at \_\_\_\_\_,  
meets the requirements as stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of City/Town Official





## **Requirements for RIDOH Inspection Compliance**

**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 the salon with the exception of service animals, as defined in R.I. Gen. Laws § 40-9.1-1.1(6), accompanying a qualified individual with a disability in accordance with R.I. Gen. Laws §§ 40-9.1-1, *et seq.* and 42-87-1, *et seq.* and/or the Americans with Disabilities Act, 42 U.S.C. 12101, *et seq.*
- 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
- Linens 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>