

FOR OFFICE USE ONLY

License # _____

Name _____



Rhode Island Board of Hairdressing & Barbering

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For License As A

Shop Space

THIS APPLICATION IS TO BE USED BY INDEPENDENT CONTRACTORS WHO ARE RENTING SPACE WITHIN A LICENSED RHODE ISLAND COSMETOLOGY FACILITY.

FOR OFFICE USE ONLY
Application Approved:
License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

Applicant - Print Name (Last)

(First)

(Middle Initial)

Applicant - RI Cosmetology License Number

Applicant - Home/Cell Phone Number

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

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.

Licensure Information

A space license is non-transferable. If, at any point, you seek to rent space in a different shop, a new space application must be completed.

An individual renting space within a shop is automatically considered the manager of that space, therefore, a manager application form does not need to be completed with this application.

The shop in which the applicant wishes to rent must be currently licensed in Rhode Island and therefore an inspection of the rental space is not required.

Rental spaces must be renewed yearly and expire July 1st of every year. Shops initially licensed prior to April 21st are required to renew in the July renewal of the same year. A renewal form will automatically be sent to the address provided in the application. Any change in address must be sent to the Department within ten (10) days.

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.



State of Rhode Island

Board of Hairdressing & Barbering

Application for License as a Shop Space

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

2. Social Security Number OR FEIN Number (Mandatory)

U.S. Social Security Number

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 Social Security Number (SSN) or FEIN number will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”

3. Information of the Shop in which you are renting space

Shop/Facility Name

(*REQUIRED*)

Shop License Number

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

Zip Code

Phone

Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

4. 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.

Signature of Applicant _____

Date of Signature (MM/DD/YY) _____

5. List of Services to be provided in Space Rental

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____