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| FOR C | Lice |

| 4.000 NO. |
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| ***FOR OFFICE USE ONLY*** |
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| Application Approved: |
| License Number: |
| Issue Date: |
| |
| Signature of Board Administrator |
| ID#: |
| Receipt #: |

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.

Name

| Applicant - Print Name (Last) | (First) | (Middle |
|------------------------------------|-----------------------------|----------|
| | | Initial) |
| | | |
| Applicant - RI Cosmetology License | Applicant - Home/Cell Phone | |
| Number | 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 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 & Barbering Application for License as a Shop Space

| 1. Name(s) | | | | | | | |
|--|---|--|--|--|--|--|--|
| This is the name that | Title (i.e., Mr., Mrs., Ms., etc.) | | | | | | |
| will be printed on your License/Permit/Cer- | | | | | | | |
| tificate and reported to those who inquire | First Name | | | | | | |
| about your License/ | Middle Name | | | | | | |
| Permit/Certificate. Do not use nicknames, etc. | Midule Name | | | | | | |
| | Surname, (Last Name) | | | | | | |
| | | | | | | | |
| | Suffix (i.e., Jr., Sr., II, III) | | | | | | |
| 2. Social Security | "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 | | | | | | |
| Number OR | U.S. Social Security Number taxes owed to the State of Rhode Island, and I understand that my Social | | | | | | |
| FEIN Number (Mandatory) | Security Number (SSN) or FEIN number will be transmitted to the Divison of Taxation to verify that no taxes are owed to the State." | | | | | | |
| (Mandatory) | Federal Employer Identification Number (FEIN) | | | | | | |
| 2 Information of | | | | | | | |
| 3. Information of the Shop in | Shop/Facility Name | | | | | | |
| which you are | (*REQUIRED*) | | | | | | |
| renting space | 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 | I,, being first duly sworn, depose and say that I am the person | | | | | | |
| Applicant | referred to in the foregoing application and supporting documents. | | | | | | |
| Complete this sec- | I have used some this the group time in the foresting amplication and have appropriately without | | | | | | |
| tion and sign in the presence of a notary | 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 | | | | | | |
| public. | me herein are true and correct. Should I furnish any false information in this application, I hereby agree that | | | | | | |
| Make sure that you | such act shall constitute cause for denial, suspension or revocation of my license to practice in the State of Rhode Island. | | | | | | |
| and the notary public have completed all | Niloue Islanu. | | | | | | |
| components accu- rately and completely. | I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode | | | | | | |
| rately and completely. | 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, by, | | | | | | | |
| | | | | | | | |
| 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 No/Commission No. Commission Expiration Date (MM/DD/YY) | | | | | | |

| Name of Hair Salon: | | | | | | |
|-----------------------------------|-----------|----------------------------|---|--|--|--|
| Located at: | | | | | | |
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| | List | of Services to be Provided | | | | |
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| ***FOR OFFICE USE ONLY*** | | | | | | |
| Services Covered by Licenses Held | | | | | | |
| C | necked by | Date: | - | | | |

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