Charles Persinger
Executive Director

West Virginia State Board of Barbers and Cosmetologists

1201 Dunbar Avenue
Dunbar, West Virginia 25064
Tel: 304.558.2924 Fax: 304.558.3450
www.wvbbc.com

Label envelope & mail to:
WVBBC
New SHOP
1201 Dunbar Avenue
Dunbar, WV 25064

SHOP OPENING AND LICENSE APPLICATION

THIS APPLICATION SERVES AS YOUR SHOP OPENING REQUEST/NOTIFICATON, ELECTRICAL CERTIFICATION, AND LICENSE APPLICATION

PLEASE NOTE: According to WV Code, Chapter 30, Article 27 the Board shall be notified 20 days prior to opening a shop.
All shops need to have a private entrance with a sign, a licensed manager, proper ventilation, proper toilet facilities, covered waste containers, vacuum breakers on shampoo bowls, posted rules and regulations, and Electrical Certification verification. IN-HOME SALONS must have separate entrance, accessible restrooms, the shop and living corridors must be separated by a solid lockable door. **RULES THAT GOVERN SHOP ARE:** Chapter 30, Article 27 and 3CSR4 and 3CSR7.

TYPE OF APPLICATION-

- ☐ New Shop
- ☐ Owner Change
- ☐ Location Change
- ☐ Shop Name Change

TYPE OF SHOP-check one

- ☐ Beauty
- ☐ Barber
- ☐ Nail
- ☐ Barber/Beauty
- ☐ Aesthetic/Skin
- ☐ In-Home

APPLICATION FEE-Submit $90.00 with application..

☐ $90.00
- $50.00 for shop opening inspection.
- $40.00 for shop license

SHOP INFORMATION

Anticipated Opening Date _____

NAME OF SHOP _____ PHONE # _____

SHOP ADDRESS _____ PHONE 2 _____

CITY _____ ZIP CODE _____ COUNTY _____

SHOP'S FULL MAILING ADDRESS _____

OWNER/MANAGER INFORMATION: If you are an unlicensed business owner, please write your social security number in license # field.

OWNER'S NAME _____ LICENSE # _____ PHONE # _____

MANAGER'S NAME _____ LICENSE # _____ PHONE # _____

NOTE: If this is NOT a NEW shop opening application, please complete the information below about the previous shop.

SHOP NAME _____ SHOP LICENSE # _____ DATE CLOSED _____

ELECTRICAL CERTIFICATION STATEMENT-This portion must be completed and signed by a licensed electrician, home inspector, city building inspector, licensed electrical inspector, or property inspector.

My signature below indicates that I am properly trained to conduct electrical inspections and my signature certifies that the shop listed above at the address listed above has a system that is safe and adequate to service the needs of the business with no apparent hazards and that the system meets all applicable standards of the National Electric Code as outlined in NFPA70.

Electrician Signature _____ Date Inspected _____

Electrician Printed Name _____ License # _____

By submitting this form electronically or physically, you are stating that you are familiar with WV Code, Chapter 30, Article 27 and the rules that govern the practice of beauty culture. This form may be emailed to the Board office.

Owner Signature Field _____ Current Date 5/31/12

This form contains Personally Identifiable Information (PII). The SSN number collected within this form is to manage your license account by effectively identifying your information and will not be shared with a third-party. The information collected on this form will be securely protected through the Board's server database. By submitting this form, I agree to the policy.

Revised: February 2017