



State of West Virginia
Board of Barbers and Cosmetologists
Tel: (304) 558-2924
Fax: (304) 558-3450
www.wvbbc.com

PLEASE COMPLETE
PAYMENT METHOD (CIRCLE ONE):
CHECK **MONEY ORDER**
CHECK/MONEY
ORDER #: _____
CASH IS NOT ACCEPTED

MAIL COMPLETED APPLICATION TO: WVBBC; P.O. BOX 40235, CHARLESTON, WV 25364

SALON/SHOP OPENING AND LICENSE APPLICATION

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

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 SALONS/SHOPS ARE:** Chapter 30, Article 27 and 3CSR4 and 3CSR7.

TYPE OF APPLICATION - check one <input type="checkbox"/> New Salon/Shop <input type="checkbox"/> Owner Change <input type="checkbox"/> Location Change <input type="checkbox"/> Salon/Shop Name Change	TYPE OF SALON/SHOP - check one <input type="checkbox"/> Beauty/Barber <input type="checkbox"/> Beauty <input type="checkbox"/> Manicuring <input type="checkbox"/> Barber <input type="checkbox"/> Aesthetics <input type="checkbox"/> In-Home	REQUIRED DOCUMENTS <input type="checkbox"/> \$90.00 salon license and inspection fee
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SHOP INFORMATION

Anticipated Opening Date

NAME OF SHOP

PHONE #

SHOP ADDRESS

EMAIL

CITY

ZIP CODE

COUNTY

SHOP'S FULL MAILING ADDRESS

OWNER/MANAGER INFORMATION

NOTE: If you are an unlicensed business owner, please write your social security number or tax ID number in the license # field. Manager MUST hold a professional license to practice.

OWNER NAME

LICENSE #

PHONE #

MANAGER NAME

LICENSE #

PHONE #

If this is NOT a new salon/shop opening, please complete the information below about the previous shop.

NAME OF SHOP

LICENSE #

DATE CLOSED

ELECTRICAL CERTIFICATION STATEMENT-This portion must be completed and signed by a licensed electrician.

By signing below, I certify that the electrical wiring within the salon/shop named above is adequate to the proposed usage of the facility.

Electrician Name

Phone #

Electrician Signature

Date Inspected

Address

License #

Revised: APRIL 28, 2022

Owner Signature Field

Date

This form contains Personally Identifiable Information (PII).
The SSN collected within this form will not be shared with a third-party.