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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.

<b>TYPE OF APPLICATION - check one</b> <input type="checkbox"/> New Salon/Shop <input type="checkbox"/> Owner Change <input type="checkbox"/> Location Change <input type="checkbox"/> Salon/Shop Name Change	<b>TYPE OF SALON/SHOP - check one</b> <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	<b>REQUIRED DOCUMENTS</b> <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.*