



Barber Shop Owner or Area Renter Application

Read the instructions carefully before completing the application. Incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.

Who must apply for a Barber shop owner or area renter license?

You must obtain a **Barber Shop Owner's** license to own, control or operate a barber shop, whether as a sole proprietor, partner, shareholder or officer. **Any licensed operator working at a barber shop and NOT employed by the owner of the business is an independent contractor and must obtain an area renter license.**

Note: A shop owner's license does not permit you to practice barbering. Each person performing such service must be licensed as a barber operator by the Department of State.

What are the general requirements for barber shop as area renter licenses?

Barber shop owner or Area renters must:

- be at least 18 years old;
- comply with all federal, state and local health and safety laws, rules, regulations and codes including the Americans with Disabilities Act; and
- operate the business or rent at the location listed on the license.

Are there any barbering prohibitions?

Yes.

1. A business license will not permit the practice of barbering at your business location if you have not first obtained a barber shop license pursuant to Article 28 of the General Business Law.
2. Apprentice barbers must be sponsored or supervised by a licensed barber, not a licensed natural hairstylist, and may not be employed by an Appearance Enhancement Business.
3. An apprentice barber may not own a barber shop or rent space in a barber shop.

What is the fee, term of licensure?

A nonrefundable, \$60 application fee must be submitted with the application. Licenses are issued for full four-year terms, automatically expiring four years after the effective date.

What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State or by MasterCard or Visa, using a credit card authorization form. Do not send cash. **Application fees are nonrefundable.** A \$20 fee will be charged for any check returned by your bank.

Do I need to complete the Child Support Statement section of the application?

Yes, if you are applying as an individual (i.e., as a sole proprietor), a Child Support Statement is mandatory in New York State (General Obligations Law). The law requires you to complete this section — regardless of whether or not you have children or any support obligation.

Corporations, partnerships and limited liability companies do *not* need to sign the Child Support Statement.

Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended. The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and Federal ID numbers on the application?

Yes. The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax

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returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D

of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

Barber Business Applicants

(§130 of the General Business Law explains New York State's naming devices for businesses.)

If the business is owned by . . .

*then you **MUST** enter . . .*

ONE INDIVIDUAL with no business name

(Any name other than your own first and last name is considered to be an assumed name — see below ▼)

the owner's personal name in Items A **and** C

ONE INDIVIDUAL with an assumed name

(In this case, the assumed business name must be filed with the County Clerk in the county in which the business is located. If the business was recently purchased and the same name is to be used, the new owner must file a Certificate as Successor-in-Interest with the County Clerk)

the owner's personal name in Item A
and
the trade name in Item C

A PARTNERSHIP

(In this case, a partnership business certificate must be filed with the County Clerk in the county in which the business is located)

a general partner's name in Item A **and** the partnership name in Item C
(the individual named in Item A must be the person who signs the application)

A CORPORATION

(In this case, a certificate of incorporation must be filed in the Department of State's Division of Corporations)

one officer's name in Item A **and** the corporation name in Item C
(the individual named in Item A must be the person who signs the application)

A CORPORATION with an assumed name

(In this case, the business must file the assumed name with the Department of State's Division of Corporations)

one officer's name in Item A **and** the assumed name in Item C
(the individual named in Item A must be the person who signs the application)

A LIMITED LIABILITY COMPANY

(In this case, the articles of organization must be filed in the Department of State's Division of Corporations)

one officer's name in Item A **and** the limited liability company name in Item C *(the individual named in Item A must be the person who signs the application)*

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NYS Department of State
 DIVISION OF LICENSING SERVICES
 P.O. Box 22001
 Albany, NY 12201-2001
 Customer Service: (518) 474-4429
 www.dos.ny.gov

Read the instructions before completing this application. You must answer each question and PRINT responses in ink.

I am applying for licensure as (CHECK ONE) Barber Shop Owner Area Renter (must answer Question 6)

A APPLICANT'S NAME (LAST, FIRST, MI, SUFFIX) _____

B APPLICANT'S HOME ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY) _____

CITY _____ STATE _____ ZIP+4 _____ COUNTY _____

SOCIAL SECURITY NUMBER AND/OR FEDERAL TAXPAYER ID (SEE PRIVACY NOTIFICATION) _____

C BUSINESS NAME—REFER TO THE TABLE ON PAGE 2 OF THE INSTRUCTIONS BEFORE COMPLETING THIS ITEM.
AREA RENTER APPLICANTS—ENTER THE NAME OF THE SHOP IN WHICH YOU WILL RENT SPACE

D BUSINESS ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY) _____

CITY _____ STATE _____ ZIP+4 _____ COUNTY _____

DAYTIME PHONE (if problem with application) _____ E-MAIL ADDRESS (IF ANY) _____
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Background Data

ALL APPLICANTS MUST ANSWER QUESTIONS 1-4

- | | | | |
|---|-------|-------|-------|
| 1. What is your date of birth? _____ | YES | or | NO |
| 2. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony?
→ IF "YES," submit a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must provide a copy of same. | _____ | _____ | _____ |
| 3. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?
→ IF "YES," you must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) | _____ | _____ | _____ |
| 4. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied?
→ IF "YES," you must provide all relevant documents, including the agency determination, if any.) | _____ | _____ | _____ |

BARBER SHOP OWNER APPLICANTS MUST ANSWER QUESTION 5

5. Will you have a licensed barber employed at all times as required by law? _____

AREA RENTER APPLICANTS MUST ANSWER QUESTION 6

6. What is your barber operator license Unique ID Number? UID # _____

For questions 7-11 please answer only the statement which applies to your particular licensing status.

- | | | |
|--|-------|-------|
| 7. I own this business and the Trade Name Certificate has been filed in the Office of the County Clerk where the business is located. By signing this application, you are certifying compliance with this requirement. | _____ | _____ |
| 8. I am a member of this partnership and the Certificate of Partnership has been filed in the Office of the County Clerk where the business is located. By signing this application, you are certifying compliance with this requirement. | _____ | _____ |
| 9. I am a partner of this limited partnership and the Certificate of Limited Partnership has been filed with the NYS Department of State, Division of Corporations. By signing this application, you are certifying compliance with this requirement. | _____ | _____ |

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10. a. I am an officer of this corporation and the New York State Certificate of Incorporation has been filed with the NYS Department of State, Division of Corporations. **By signing this application, you are certifying compliance with this requirement.** _____
- b. I am an officer of this foreign (out of state) corporation and an Application for Authority to do business has been filed with the NYS Department of State, Division of Corporations. **By signing this application, you are certifying compliance with this requirement.** _____
11. I am a (member) (manager) of this Limited Liability Company, and a copy of the filing receipt has been filed with the NYS Department of State, Division of Corporations. **By signing this application, you are certifying compliance with this requirement.** _____
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- If you are applying as an **individual** or **sole proprietor**, complete Items 1 and 2, below.
- If you are applying as a **corporation, partnership** or **limited liability company**, skip Item 1 and go directly to Item 2, below.
- If you are applying as an **Area Renter**, complete Items 1, 2 and 3, below.
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1. Child Support Statement — *If you are applying as an individual or sole proprietor, you must complete this section. If you do not complete it, your application will be returned.*

“X” A or B, below

I, the undersigned, do hereby certify that (You must “X” A or B, below):

- A. I am not under obligation to pay child support. (SKIP “B” and go directly to **Applicant Affirmation**).
- B. I am under obligation to pay child support (You must “X” any of the four statements below that are true and apply to you):
- I do *not* owe four or more months of child support payments.
 - I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
 - My child support obligation is the subject of a pending court proceeding.
 - I receive public assistance or supplemental social security income.
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2. Area Renter Affirmation — *If you are applying as an area renter, the business owner must complete item 3 below.*

I affirm that I have read and understand the provisions of Article 28 of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

Signature **X** _____ Date _____
(Area Renter)

Print Name _____

3. Shop Owner Affirmation — *Signature of the business owner is required below if you are either renting an area to someone OR applying for a business license.*

I affirm that I have read and understand the provisions of Article 28 of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). I further affirm that Worker’s Compensation Insurance/Disability Benefits for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

Signature **X** _____ Date _____
(Business Owner)

Print Name _____

Business Owner’s Telephone Number _____

Shop License Unique ID Number _____

Please remember to include with this application any required explanations or statements along with your application fee (payable to NYS Department of State).

If you wish to pay by credit card, please visit our website at www.dos.ny.gov to obtain a credit card authorization form to complete and return with this application

It is important that you notify this division of any changes to your business address so you can receive renewal notices and any other notifications pertinent to your license.