

STATE BOARD OF BARBER EXAMINERS

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Mailing Address:
State Board of Barber Examiners
PO Box 2649
Harrisburg, PA 17105-2649

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State Board of Barber Examiners
2601 North Third Street
Harrisburg, PA 17110

SCHOOL LICENSE APPLICATION

INSTRUCTIONS AND REQUIREMENTS

PLEASE NOTE: this application is active for six months from the date of receipt in the Board office. If the application has not been successfully processed by that time, it will be necessary to re-apply with a new fee.

ALL ATTACHMENTS MUST BE PROVIDED ON 8½ BY 11” UNSTAPLED, UNBOUND AND ONE-SIDED PAPER

In order to obtain licensure of a new barber school, change ownership of an existing barber school, or to change location of an existing barber school, you must complete and submit this application and include all required documents and fees. Refer to the Barber License Law and Rules and Regulations of the State Board of Barber Examiners for information on requirements for a licensed barber school. You may not begin operations at the school until an inspection has been conducted and the authority to practice has been given.

The following documents and fees must accompany this application:

1. **FEE: \$140.00 check or money order, payable to “Commonwealth of PA”**
**This fee is for the processing of the application and is required regardless of issuance of a license. *A processing fee of \$20.00 will be charged for any check or money order returned unpaid by the bank, regardless of the reason for non-payment.*
2. SKETCH of the proposed barber school on 8½ by 11” paper. Sketch must show the comprehensive floor plan of the proposed school, all equipment must be identified. The clinic and theory rooms must be clearly identified. Length, Width and total Square footage of each room must be provided.
3. CERTIFICATE OF OCCUPANCY from the Department of Labor and Industry (717-787-3806) or the local municipality in which the school is located.
4. ZONING APPROVAL LETTER from the local zoning board.
5. PROOF OF NAME REGISTRATION If the school owner is a corporation, submit verification that the corporation has the authority to do business within Pennsylvania. If the school will be operating under a trade name, a copy of the fictitious name registration must also be submitted. Contact the Corporation Bureau at 717-787-1057.

- 6. COMPLETE CURRICULUM/COURSE OUTLINE OF PROPOSED TRAINING AND STUDY.
- 7. CURRENT SCHOOL BOND (minimum \$2500 for up to 60 students and minimum of \$5000 for more than 60 students). This bond must be valid through April 30 of the next even-numbered year.

[] Check box if claiming a Business fee exemption for veteran-owned and reservist-owned small business under Act 135 of 2016 (51 Pa.C.S. §§ 9610-9611)

Under Act 135 of 2016, veterans and reservists starting or opening a small business in the Commonwealth are exempt from the payment of a business fee effective January 2, 2017. Therefore, the board will waive the initial application fee for veteran- or reservist-owned small businesses as follows:

- 1. The veteran/reservist owner(s) must certify below that they are starting a small business in the Commonwealth. A **small business** must be independently owned, not dominant in its field of operation and employ 100 or fewer employees. The business must be owned AND controlled by a veteran or reservist. For businesses with multiple owners, at least 51% of the ownership interest must be held by veterans/reservists to claim the exemption.
- 2. The veteran/reservist owner(s) must attach proof of the veteran's or reservist's status at the time the initial application is submitted. Such proof includes a legible photocopy of:
 - A Federal DD-214 form
 - A Federal NGB-22 form
 - A valid Federal Veterans' Administration card or
 - A valid Department of Defense-issued military identification card

CERTIFICATION STATEMENT:

I hereby certify that I am applying for this license in order to start or open a small business in the Commonwealth of Pennsylvania as defined above, that I am a veteran or reservist as evidenced by the attached documentation, and that at least 51% of the ownership of the small business is veteran- or reservist-owned.

Signature of veteran/reservist applicant

Date

Printed name of veteran/reservist applicant

** Use additional sheets as necessary for each veteran/reservist owner

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Please print or type in black ink

PLEASE NOTE: this application is active for six months from the date of receipt in the Board office. If the application has not been successfully processed by that time, it will be necessary to re-apply with a new fee.

For processing staff use only:
 Application Number:
 Staff initials:

1. APPLICATION IS FOR: (CHECK ONE)

<input type="checkbox"/> Initial School Licensure	<input type="checkbox"/> Change of ownership of existing school <i>(return the existing school license)</i>	<input type="checkbox"/> Change of location of existing school <i>(return the existing school license)</i>
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2. SCHOOL INFORMATION

NAME OF SCHOOL											
SCHOOL ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 80%;">Street</td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;">PA</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black; text-align: right;">Zip Code</td> </tr> </table>	Street	PA	City	Zip Code						
Street	PA										
City	Zip Code										
SCHOOL TELEPHONE NUMBER	SCHOOL EMAIL :										
AVERAGE NUMBER OF STUDENTS:	Day:	Night:									
DATE SCHOOL WILL BE READY FOR INSPECTION:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15px; height: 20px;"></td> <td style="border: 1px solid black; width: 15px; height: 20px;"></td> </tr> </table>			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15px; height: 20px;"></td> <td style="border: 1px solid black; width: 15px; height: 20px;"></td> </tr> </table>			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15px; height: 20px;"></td> <td style="border: 1px solid black; width: 15px; height: 20px;"></td> </tr> </table>				
	Month	Day	Year								

3. OWNERSHIP INFORMATION

Print clearly or type the owners names below:

Name:	Title:
Name:	Title:

If owner is a corporation, provide the name(s) of the corporate officers and identify them by title. Be sure that the corporation is authorized to conduct business within Pennsylvania. To register the corporation, contact the Pennsylvania Corporation Bureau at 717-787-1057. A corporation is an individual identity and may be used for ownership of a school. A Fictitious Name is not an individual identity and may not be used for ownership of a school but may be used as a school trade name.

If owner is a corporation, indicate here:

TELEPHONE NUMBER AND ADDRESS OF ONE OWNER/OFFICER AVAILABLE BETWEEN THE HOURS OF 8:00 A.M. TO 4:00 P.M.

NAME:

ADDRESS:

TELEPHONE NUMBER:

4. SUPERVISION

NAME OF SCHOOL SUPERVISOR

TEACHERS – Provide names, signatures and license numbers of all teachers including the supervisor

NAMES	SIGNATURES	LICENSE NUMBERS		
		B	T	-
		B	T	-
		B	T	-

5. OWNER'S OATH

All owners must sign below. If owner is a corporation, all corporate officers must sign and provide their titles: By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911. Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I further understand that an inspection of my school will be made to determine compliance with all Board requirements. I am aware that if a bureau inspector determines that I have not correctly answered any questions provided within this application or if my school does not meet all requirements for licensure, authority to operate will not be given at the time of inspection and I will be responsible for all applicable re-inspection fees

Owner/Officer Signature (corporate title if an officer)

Date

Owner/Officer Signature (corporate title if an officer)

Date

SUGGESTED BOND FORM

**Pennsylvania State Board of Barber Examiners
Barber School Bond**

KNOW ALL MEN BY THESE PRESENTS, that _____ operating as
_____, a _____ of _____,
(Corporation, partnership or individual) *(city)*

_____, as principal, and _____ of _____, _____, surety
(state) *(city)* *(state)*

company authorized to transact business in Pennsylvania, as surety, are held and firmly bound unto the People of the Commonwealth of Pennsylvania for the use and benefit of students of the principal, in the penal sum of _____dollars (\$_____) lawful money of the United States of America, to be paid to the People of the Commonwealth of Pennsylvania for the benefit of students of the principal, for which payment well and truly to be made, we bind ourselves and our heirs, executors, administrators, and successors jointly and severally, firmly by these presents.

WHEREAS, 49 PA CODE 3.83 (relating to bond), provides that a bond, corporate or non-corporate, in the sum of \$_____running to the Commonwealth of Pennsylvania subject to approval by the board which shall be posted as security for the sums taken on account from students or prospective students of the school. No school shall accept any money on account unless it has first procured a bond in accordance with the provisions of this regulation.

NOW THEREFORE, the condition of this obligation is such that if the said _____ shall faithfully perform and satisfy the contractual rights of any and all students of said _____ then this obligation shall be void; otherwise the same shall be in full force and effect.

IT IS UNDERSTOOD AND AGREED THAT in no event shall the surety be liable for an amount exceeding the penalty of this bond.

IN WITNESS WHEREOF, the parties hereto have unto set their hands and affixed their seals this _____ day of _____ and year _____. This bond becomes effective _____ and expires _____.

Principal _____ by _____

Surety _____ by _____
(attorney-in-fact)

NOTE: In case principal is a partnership, then a certified copy of the partnership agreement must be attached. In case principal is a corporation, authority of an officer signing the bond for the company must be attached. Power of attorney-in-fact for surety company must also be enclosed.