

Vermont Secretary of State
Office of Professional Regulation
National Life Building, North FL 2
Montpelier VT 05620-3402



Barber Shop
Renewal Clerk
(802) 828-1505
www.vtprofessionals.org

Barber Shop Renewal Application

Current Expiration 09/30/2010	Renewal Period Covering 10/01/2010 through 09/30/2012	Renewal Application Fee 200.00 Non-Refundable Processing Fee
<p>You Must Complete The Information Below:</p> <p>License Number: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>		<p>For Office Use Only</p>

Directions: To renew you must enclose a check in the amount indicated, payable in US funds from a bank with a United States affiliate to "Office of the Secretary of State." The renewal application fee is non-refundable. If the completed renewal, along with all supporting documentation, is not received by the expiration date you will be required to pay a late renewal penalty. The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty increases by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00.

****Reminder: You may not practice your licensed profession without an Active license.**

Section A:

<p>If your mailing address has changed, indicate your new address in the box to the right.</p> <p>Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14)).</p>	P.O. Box
	Street/Apt #
	City/State/Zip
	Country
Phone: () -	Cell Phone: () -
Fax: () -	E-Mail Address:

<p>If your 911 address has changed, indicate your new address in the box to the right.</p>	P.O. Box
	Street/Apt #
	City/State/Zip

Date of Birth	Place of Birth (City, State, Country)	Gender: (Circle One)
		Female Male

<p>FEIN Number: _____ / _____ / _____</p>	<p>** (Providing your Federal ID number (FEIN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your FEIN is not disclosed as part of a public records request);</p>
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Section B: Vermont Mandatory “Good Standing” Declarations

CHILD SUPPORT:

Child Support Orders (15 V.S.A. § 795(c)): As of the date of this application: this business, and/or the person signing this form, (you must check one)	
<input type="checkbox"/>	I am not subject to a child support order; OR
<input type="checkbox"/>	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.*

TAXES:

Tax Compliance (32 V.S.A. § 3113(b)): As of the date of this application: this business, and/or the person signing this form, (you must check one)	
<input type="checkbox"/>	I have never lived or worked in Vermont and do not owe Vermont taxes; OR
<input type="checkbox"/>	No taxes are due and payable and all required returns have been filed; OR
<input type="checkbox"/>	The liability for any taxes due and payable is on appeal; OR
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/>	I am not in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

UNEMPLOYMENT COMPENSATION:

Unemployment Compensation (21 V.S.A. §1378(b)): As of the date of this application: this business, and/or the person signing this form, (you must check one)	
<input type="checkbox"/>	This does not apply to me because I have never been an employer in Vermont; OR
<input type="checkbox"/>	No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid Judgments (4 V.S.A. § 1110(b&c)): As of the date of this application: this business, and/or the person signing this form, (you must check one)	
<input type="checkbox"/>	I do not have any unpaid judgments
<input type="checkbox"/>	I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
<input type="checkbox"/>	I am not in good standing.*

* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Name: _____

License#: _____

Section C: Vermont Mandatory Credential and Fitness Questions

Please circle **Yes** or **No** for each of these questions. If the answer is **Yes** follow the provided instructions.

Since you were originally licensed or since you completed your last renewal application:

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application for a license, certificate, or registration by this applicant to conduct a business or perform professional services?	Yes	No
<i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>		

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration held by this applicant to conduct business or perform professional services?	Yes	No
<i>If "Yes," you must provide a copy of the order or official notification of the action.</i>		

Has the entity for which this application is submitted ever surrendered a license, certificate, or registration to a licensing authority?	Yes	No
<i>If "Yes," you must provide a detailed written explanation.</i>		

Has the entity for which this application is submitted currently under investigation by a licensing authority?	Yes	No
<i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>		

Has the entity for which this application is submitted every been convicted of a crime? (Note: Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.")	Yes	No
<i>If "Yes," you must provide a detailed written explanation and attach the official court documents.</i>		

Does the entity for which this application is submitted have any criminal charges pending against it in any jurisdiction (US or elsewhere)?	Yes	No
<i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>		

Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession; within 30 days. 3 V.S.A. § 129a(a)(11).

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety?	Yes	No
<i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>		

Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety?	Yes	No
<i>If "Yes," you must provide a detailed written explanation.</i>		

Are you currently addicted to or in any way dependent on alcohol or habit forming drugs?	Yes	No
<i>If "Yes," you must provide a detailed written explanation.</i>		

Name: _____

License#: _____

Section D: Supervision – Designated Licensee

9.2 General Requirements for Shops

(a) The shop shall have a designated licensee on the premises who is responsible for overall safety, cleanliness, and sanitation of the shop. Shop owners and designated licensees are responsible at all times for the overall cleanliness and sanitation of the shop.

(b) Shop owners and designated licensees are responsible for ensuring that any person practicing a profession governed by these rules in their shop has a valid license issued by the Board, and has in their possession at all times while working a current Vermont photo license or current Vermont state issued photo identification.

This renewal and the Designated Licensee's renewal application must be returned to this Office at the same time. The shop license cannot be processed until the designated licensee has been renewed.

Name of Designated Licensee	License Number
	_____ -- _____

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration. (The maximum penalty for perjury is Fifteen years in prison and/or a \$10,000 fine.) (3 V.S.A. §2901)

Signature of Applicant Date
Signature of Designated Licensee Date

Name: _____

License#: _____