



Department of Public Health & Social Services
GUAM BOARD OF BARBERING AND COSMETOLOGY
 194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213
 Hagåtña, Guam 96910
 Website: <https://guamhplo.org/gbbc>
 Contact No.: (671) 735-7404/07-12

APPLICATION FOR ESTABLISHMENT CHECKLIST

Please check all that applies:	Required Documents to be submitted:
<input type="checkbox"/> New Establishment	<input type="checkbox"/> Completed Application <input type="checkbox"/> Copy of Cosmetology Licenses of All Employees <input type="checkbox"/> Copy of DPHSS Job Site Inspection Report <input type="checkbox"/> Copy of Business License <input type="checkbox"/> Payment Fee (Payments can be made online at: https://guamhplo.org/gbbc/pay)
<input type="checkbox"/> Change of Name	<input type="checkbox"/> Completed Application <input type="checkbox"/> Copy of Cosmetology Licenses of All Employees <input type="checkbox"/> Copy of Business License
<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Completed Application <input type="checkbox"/> Copy of Cosmetology Licenses of All Employees <input type="checkbox"/> Copy of Business License
<input type="checkbox"/> Change of Operator	<input type="checkbox"/> Completed Application <input type="checkbox"/> Copy of Cosmetology Licenses of All Employees <input type="checkbox"/> Copy of Business License
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Completed Application <input type="checkbox"/> Copy of DPHSS Job Site Inspection Report <input type="checkbox"/> Copy of Business License

Name of Establishment: _____

Board Member	Action	Signature	Date	Comments
Chairperson	Approved / Conditionally Approved / Disapproved / Tabled			
Vice Chairperson	Approved / Conditionally Approved / Disapproved / Tabled			
Secretary	Approved / Conditionally Approved / Disapproved / Tabled			
Treasurer	Approved / Conditionally Approved / Disapproved / Tabled			
Member	Approved / Conditionally Approved / Disapproved / Tabled			



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APPLICATION FOR ESTABLISHMENT

- | | |
|--|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Change |
| <input type="checkbox"/> Barber Shop | <input type="checkbox"/> Name of Establishment |
| <input type="checkbox"/> Beauty Salon | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Nail Salon | <input type="checkbox"/> Operator |
| <input type="checkbox"/> School of Cosmetology | <input type="checkbox"/> Location |
| <input type="checkbox"/> Other: _____ | |

Name of Establishment: _____

Mailing Address: _____

Location/Physical Address: _____

Business Contact No.: _____ Business Email: _____

Owner of Establishment: _____

Owner's Contact No.: _____ Owner's Email: _____

<i>If applicable:</i>
Former Name of Establishment: _____
Former Owner: _____
Former Operator Name and License No.: _____
Former Location/Physical Address: _____

Is the DPHSS Job Site Inspection Report attached? Yes No

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership (List names below)	<input type="checkbox"/> Corporation (List names below)	<input type="checkbox"/> Other: (Specify) _____



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Licensed Individuals (Name & License No.)

Licensed Apprentices (Name & License No.)

I hereby certify that _____, license number _____, will be the **sole cosmetologist** to operate the establishment. I will **notify** the Guam Board of Barbering and Cosmetology **within fifteen (15) days of any change**. I understand that the issuance of said license is contingent upon compliance with Public Law 11-120 and applicable laws and regulations, and that said license after issuance, may be revoked or suspended for failure to comply with provisions of said laws and regulations. I also understand that I must register my establishment with the Department of Revenue and Taxation, Business License Section.

Owner of Establishment: _____
Signature Date

Licensed Cosmetologist: _____
Signature Date



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RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____

Mailing Address: _____

Signature: _____ Date: _____

II. VERIFICATION OF LICENSURE: Print the full name used on original license & your social security number.

Name: _____ SS#: _____

III. FEES: Pursuant to P.L. 25-188, Section 18127, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and penalties, as appropriate, in accordance with the Administrative Adjudication Law.

Please make all checks or money orders payable to **TREASURER OF GUAM**.

Online payments can be made at <https://guamhplo.org/gbbc/pay> (additional 5% convenience fee).

All fees are **NON-REFUNDABLE**.

Please check your request(s):

- | | | |
|--------------------------|--|-----------|
| <input type="checkbox"/> | 1. Examination & Regulations as a Cosmetologist, Electrologist, Manicurist, or Esthetician | \$ 20.00 |
| <input type="checkbox"/> | 2. Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician | \$ 10.00 |
| <input type="checkbox"/> | 3. Examination and Registration as an Instructor | \$ 20.00 |
| <input type="checkbox"/> | 4. Re-Examination and Registration for an Instructor | \$ 10.00 |
| <input type="checkbox"/> | 5. Renewal of Certificates | \$ 4.00 |
| <input type="checkbox"/> | 6. Cosmetological Establishment License and Certificate | \$ 20.00 |
| <input type="checkbox"/> | 7. Renewal of Cosmetology Establishment License | \$ 4.00 |
| <input type="checkbox"/> | 8. School of Cosmetology License and Certificate | \$ 100.00 |
| <input type="checkbox"/> | 9. Renewal of School of Cosmetology License and Certificate | \$ 25.00 |
| <input type="checkbox"/> | 10. Photocopy of record per page | \$ 1.00 |
| <input type="checkbox"/> | 11. Initial Application Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1) | \$ 200.00 |
| <input type="checkbox"/> | 12. Annual Special License Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1) | \$ 800.00 |
| <input type="checkbox"/> | 13. Late Renewal Fee | \$ 20.00 |

FOR OFFICE USE ONLY: Payment Check Money Order Cash Credit Card

Field Receipt #: _____ **Date Paid:** _____

Account #: 324156347 / 5211339