



ESTABLISHMENT APPLICATION CHECKLIST

Change Owner Change Operator Name Change New Change of Location

Date Application Submitted: _____

Name of Establishment: _____

Owner of Establishment: _____

Old Location of Establishment (if applicable): _____

New Location of Establishment: _____

Change of Operator/License#: From: _____ To: _____

1. _____ Completed Application
2. _____ Copy of Cosmetology License(s) (ALL staff)
3. _____ Sanitary Inspection (New Applicant)
4. _____ Business License
5. _____ Payment Fee
 - a. Change Owner – submit documents 1-5
 - b. Change Operator – submit documents 1-2 (no staff)
 - c. Name Change – submit documents 1-2 (no staff)
 - d. New – submit documents 1-5

BOARD MEMBER SIGNATURE	ACTION	DATE	COMMENTS
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GUAM BOARD OF BARBERING AND COSMETOLOGY
 194 Hernan Cortez Ave, Ste 213, Hagatna, GU 96910
 735.7408



ESTABLISHMENT APPLICATION

BEAUTY SHOP **NEW**
SCHOOL OF COSMETOLOGY **CHANGE**
OTHER (Specify)

Name of Establishment: _____

Mailing Address: _____

Location/Physical Address: _____

Business Telephone #: _____ Business Email: _____

Owner of Establishment: _____

Owner's Telephone #: _____ Owner's Email: _____

SANITATION INSPECTION COMPLETED? NO YES (Inspection report must be attached)

Sole Proprietor: ____	Partnership: ____ (List names below)	Corporation: ____ (List names below)	Other: ____ (Specify)

Licensed Individuals

Licensed Apprentices

I hereby certify that _____, license # _____, will be the sole cosmetologist to operate the establishment. I will notify the Guam Board of Barbering and Cosmetology within 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: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

II. Verification of Licensure: Please print the complete name used on original license and your social security number

Name: _____ Social Security Number: _____

III. Fee: Pursuant to P.L. 25-188 Section 18124, 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.

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

NOTE: All checks and money order must be made payable to “**Treasurer of Guam**”. Present this form with payment to the Cashier at Public Health of Treasurer of Guam Office then return the processed form to GBBC. Off-island applicants, return this form with your payment to GBBC at the above address. **ALL LICENSES/CERTIFICATES ARE NON-TRANSFERRABLE. ALL FEES ARE NON-REFUNDABLE.**

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

Field Receipt # _____

Date Paid _____

Account #: DPH324156347



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GUAM BOARD OF BARBERING AND COSMETOLOGY



CASHIER

RECORD OF PAYMENT

COPY

IV. IDENTIFICATION

Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

V. Verification of Licensure: Please print the complete name used on original license and your social security number

Name: _____ Social Security Number: _____

VI. Fee: Pursuant to P.L. 25-188 Section 18124, 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.

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