



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.: 671-735-7408

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
<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: _____

Owner of Establishment: _____

Old Location of Establishment (if applicable): _____

New Location of Establishment: _____

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

Board Member Signature	Action	Date	Comments
	Approved / Disapproved		
	Approved / Disapproved		
	Approved / Disapproved		
	Approved / Disapproved		
	Approved / Disapproved		



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APPLICATION FOR ESTABLISHMENT

New
Beauty Shop

Change
School of Cosmetology

Other (Specify): _____

Name of Establishment: _____

Mailing Address: _____

Location/Physical Address: _____

Business Telephone #: _____ Business email: _____

Owner of Establishment: _____

Owner's Telephone #: _____ Owner's email: _____

Is the DPHSS Job Site Inspection Report attached? Yes No

___ 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

