



## 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		



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://guamhpl.org/gbbc>  
 Contact No.: 671-735-7408

**APPLICATION FOR ESTABLISHMENT**

New  Change  Other (Specify):  
 Beauty Shop  School of Cosmetology

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

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



Department of Public Health & Social Services  
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**RECORD OF PAYMENT**

**I. IDENTIFICATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Street / P.O. #) (City) (State) (Zip Code)

Email Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. VERIFICATION OF LICENSURE:** Please print the complete name used on original license and 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